



Anchors Aweigh Charters, Inc.

1664 Scott Road, Fernandina Beach, FL 32034

Phone: (904) 277-2086 Fax: (904) 321-2862

E-mail: anchorsaweighchartersinc@gmail.com

Client Qualifying Information Form, Individuals

Name _____

Address _____

Phone _____

Birthday _____ Last 4 digits of Social Security #: _____

Additional documents needed:

- (1) A Copy of your State Driver's License or a government issued photo ID card.
- (2) Documentation proving that you are physically challenged or terminally ill.
- (3) A separate letter telling us about yourself and why you would like to use our fishing services.

List all health issues or limitations:

Date of Disability or diagnosis of terminal illness _____

How did you hear about our organization? _____

I DECLARE THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AUTHORIZE ITS VERIFICATION BY ANCHORS AWAY CHARTERS, INC. OR IT'S OFFICERS.

I UNDERSTAND THAT I CAN BE PROSECUTED FOR FURNISHING FALSE INFORMATION FOR THE PURPOSE OF OBTAINING FREE OR REDUCED RATES FROM A NONPROFIT ORGANIZATION. I UNDERSTAND THAT THE STAFF OR OFFICERS OF THE ORGANIZATION ARE NOT MEDICAL STAFF AND IF ANY IS NEEDED I WILL PROVIDE MY OWN TO ACCOMPANY ME ON THE TRIP.

This form also grants permission to use my likeness for publicity photos or promotional materials. Yes ___ No ___

Applicants Signature _____ Date _____

Spouse or Care Giver _____ Date _____