



Student's Name	Previous Experience
Cell Phone No.	Email Address

Lesson 103-1

Date	Captain/Instructor
Name of Boat	Weather Conditions

Comments

Lesson 103-2

Date	Captain/Instructor
Name of Boat	Weather Conditions

Comments

Lesson 103-3

Date	Captain/Instructor
Name of Boat	Weather Conditions

Comments

Instructor Evaluation

Date	<input type="checkbox"/> PASSED	<input type="checkbox"/> NO PASS Needs Add'l Day
Approved to Sail (size) _____ in the Following Wind Conditions	<input type="checkbox"/> Moderate (0-12 Knots)	<input type="checkbox"/> Heeavy (0-20 Knots)
Certifying Instructor Signature	USCG License No.	ASA Instructor No.