



DAILY SPRAYING AUTHORISATION FORM

COMPANY NAME: _____

PRINCIPLE NAME: _____

EMPLOYEE(S): _____

CONTACT NO: (h)..... (w)..... (m).....

VEHICLE MAKE: VEHICLE REGO NO:

Boat Name _____

Spraying Type _____

Colour of product being Sprayed _____

Estimated Time _____

- *I have read, understood and agree to comply with all practices outlined in the Sandringham Yacht Club Inc's By-Laws (Section 6).*
- *I understand this authorization is for spraying on the date recorded only*

Signed _____

Date _____

Authorised By _____

Signed _____

Date _____