



Shrink Wrap Assigned to: _____

Date Assigned: _____ Date Completed: _____

Total Invoice: _____ WO# _____

Winter Layup: Shrink Wrap Order

Name _____ LOA: _____

Boat Name: _____ Make/Model: _____

Contact #: _____ Boat Location: _____

Is the boat painted or gelcoat? _____

Hull or topside (circle one)

_____ **Power** (circle one): Express/Cruisers Open/center-console Convertible

Flybridge Aft cabin

_____ **Sailboat** (circle one): Standard Two-mast Catamaran

Preferred door location (circle one): Port Starboard Aft

Other: _____

Door size (circle one): Standard or Large

_____ Standard shrink wrap

_____ Install mildew bags

* Removal of shrink wrap is not included

* All Bimini tops removed prior to wrap-included

Notes:

