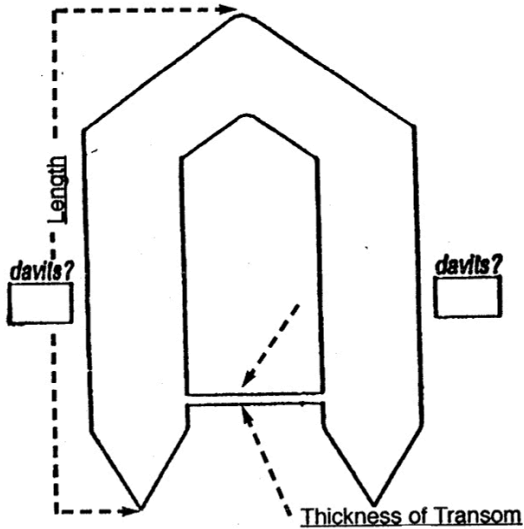




Order # _____ Name _____

Weaver Leaver Worksheet

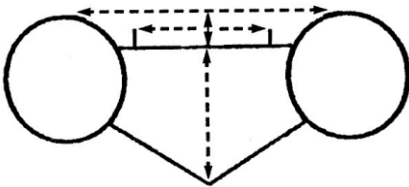
It is critical this form be filled out completely and returned to assure a proper fit for your new Weaver Leaver.



Length of dinghy _____ Name brand of dinghy _____

Name brand of outboard _____ Weight of motor (85 lbs max!) _____

Thickness of dinghy transom _____ Please mark an "X" in the box (above) to note the side your Weaver Davits are mounted on your dinghy.



Distance from top of tubes to top of transom _____

Distance from top of transom to "V" at bottom of transom _____

Straight distance across top of transom _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____