

SUMMER SLIP APPLICATION

Contact Information

Your Name	Date	Address
_____	_____	_____
City	State	Zip
_____	_____	_____
Email	Phone	Cell
_____	_____	_____

Boat Information

Year	Make	Model
_____	_____	_____
Length	Beam	Name of Boat
_____	_____	_____
Registration #	Hull Stripe Color	Canvas Color
_____	_____	_____
Engine Make	Engine HP	Twins?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Stern Drive	<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard
<input type="checkbox"/> Generator	<input type="checkbox"/> A/C	<input type="checkbox"/> Diesel
<input type="checkbox"/> Gasoline		

Insurance Company	Lienholder
_____	_____

Do you have a friend or a dock you prefer to be near?

Personal Watercraft & Trailers

PWC Make	Registration #	Color
_____	_____	_____
Trailer Plate #	Boat Trailer Make	Trailer Plate
_____	_____	_____