



BOAT REGISTRATION FORM

SLIP #: _____ DO YOU OWN _____ RENT _____

ELECTRIC AMPS 30 _____ 50 _____

VESSEL NAME: _____

REGISTRATION NUMBER: _____

LENGTH: _____ MODEL: _____

BOAT MAKER: _____

OWNER'S NAME: _____

BILLING ADDRESS: _____

PHONE NUMBERS: Home: _____

Work: _____

Mobile / Beeper: _____

Email: _____

EMERGENCY CONTACT: _____

AUTHORIZED PERSON(S) ALLOWED ON BOARD IN OWNERS ABSENCE:

ADDITIONAL COMMENTS: _____

****NOTE:** It is mandatory that you provide us with a current copy of your Certificate of Insurance for your vessel.