

**BOATER INFORMATION**

NAME OF BOATER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY/PROV/POST. CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

EMERGENCY: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECOND OWNER (if applicable)**

SECOND OWNER: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

HOME: \_\_\_\_\_

WORK: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**CURRENT SLIP**

(if applicable): \_\_\_\_\_

**BOAT DETAILS**

BOAT NAME:		BOAT COLOURS:	
BOAT TYPE:		YEAR:	
POWER <input type="checkbox"/>		SAIL <input type="checkbox"/>	
OTHER <input type="checkbox"/>			
BRAND:		MODEL:	
OVERALL LENGTH (ft.):		BEAM(ft.):	DRAFT(ft.):
REGISTRATION # (Copy required)		SERIAL #	
FUEL:	PROPULSION:		MISCELLANEOUS:
<input type="checkbox"/> GAS	<input type="checkbox"/> 1 MOTOR	<input type="checkbox"/> SAILING	Electrical
<input type="checkbox"/> DIESEL	<input type="checkbox"/> 2 MOTORS	<input type="checkbox"/> OTHER	Needs (AMPS):
	<input type="checkbox"/> TURBINE	<input type="checkbox"/> HOLDING TANK	
REQUESTS:			
Signature of Boater:			Date: