



PRINCE ARTHUR'S LANDING MARINA

PLEASE CHECK ONE

Application for Docking

Request to Move

BOATER INFORMATION

NAME OF BOATER: _____
STREET ADDRESS: _____
CITY/PROV/POST. CODE: _____
TELEPHONE: HOME: _____ WORK: _____
EMAIL ADDRESS: _____

BOAT INFORMATION

BOAT NAME: _____
TYPE: POWER SAIL
CLASS/MAKE: _____
REGISTRATION #: _____
OVERALL LENGTH: _____
BEAM: _____
DRAFT: _____
HOLDING TANK: YES NO
INSURANCE COMPANY: _____ POLICY #: _____

MARINA SERVICE REQUESTED

DOCK MOORING
 DRYLAND STORAGE

OTHER REQUESTS/COMMENTS:

SIGNATURE OF APPLICANT

DATE