

## Summer Dockage - Wait List Information Sheet

Date:	
Name:	
Address:	
Email:	
Phone (Day)	_ (Evening)
Boat Information:	
Make:	_ Model:
Engine Make:	_ Engine Model:
Boat Length: Boat Year: _	Reg #
Boat Registered in Name of:	
Insurance Agent Name/Phone:	
Trailer: Yes / No (Please Circle)	Electric or Water: Yes / No (Please Circle)
Slip Desired:	
Comments:	OIMOF 4070

ONLY COMPLETED FORMS WILL BE CONSIDERED FOR AVAILABLE SPACE