



Application for Guest Wharfage

APPLCIATION NOT COMPLETE UNTIL INSURANCE AND REGISTRATION OR DOCUMENTATION ARE PROVIDED

Date of Application	Date of Arrival	Date of Departure	Total nights
Vessel Owner Full Name		Cell Phone	
Physical Address (no PO boxes)		City	State Zip
E-Mail Address		Home Phone	
Name of Employer		Employer Phone	
Employer Address		City	State Zip
Spouse Name		Spouse Cell	
Emergency Contact Name		Phone	
Vehicle Make, Model, Color		License Plate No.	Owner Drivers License No.
Vessel Co-Owner or Authorized Rep		Phone	
Vessel Co-Owner or Authorized Rep		Phone	

VESSEL INFORMATION

Bank, Lienholder, or Legal Owner of Vessel		Account#		Phone	
Name of Vessel		CF or Documentation Number		Expiration Date Year Built	
LOA (to include swimstep, bowsprit, etc.)		Beam	Draft	Color Make/Builder	
Dinghy Make		Dinghy CF#		LOA	Beam Dinghy Engine & Horsepower
Insurance Carrier		Phone		Policy# Expiration Date	
Will you be staying onboard?			If yes, do you have any pets and what type?		
Do you have a room reserved?			Name room is under?		

**Vessel Owner or authorized representative, by signing below, authorizes the Marina to contact the owner/operator of previous mooring location to verify tenancy and payment history.*

Date _____ Signature _____

FOR OFFICE USE ONLY: Slip Number _____ Price Per Night _____ Insurance Provided _____ Reg/Doc Provided _____