

Niagara Frontier Antique & Classic Boats Inc.

Boat Restoration Shop

Application for Shop Space Rev. Aug 2017

Name: _____

Address: _____

Telephone Number _____ Cellular Number _____

Email Address _____

National ACBS Membership Number _____

Boat Type: _____

Manufacturer: _____

Year of Manufacture: _____

Boat Length: _____

Brief Description of Project: _____

I have read and understand the Restoration Shop Rules of Operation and the Project Agreement For and I wish to apply for space in the Restoration Shop to complete my project.

Member

Date

Boat Shop Manager: ___ Approved ___ Not Approved

Assigned to the Shop Space Waiting List: _____

Boat Shop Manager

Date