

WINTER STORAGE REQUEST FORM



REQUEST FOR WINTER SEASON YEAR: 20 _____

BOAT NAME: _____

YEAR MAKE & MODEL: _____

LENGTH OVERALL: _____

BEAM: _____

DRAFT: _____

YOUR NAME: _____

STREET & MAILING ADDRESS: _____

CITY, PROV, PC: _____

TELEPHONE #: _____

EMAIL ADDRESS: _____

DATE: _____ **SIGNATURE:** _____