

MARINA BERTH REQUEST

Application Date: ____/____/____
Day Month Year

Vessel Name: _____ Port of Registry: _____

Make: _____ Model: _____ Construction: _____ Tonnage: _____

Length Overall (including overhangs): _____ ft Beam: _____ ft Draft (max 9ft): _____ ft

Sail or Power? _____ Catamaran or Monohull? _____

Please Check Applicable:

Water Power (30 amp/110 volt) Power (50 amp / 220 volt)

Daily Weekly Monthly Yearly

Arrival Date: ____/____/____ Departure Date: ____/____/____ Length of Stay: _____
Day Month Year Day Month Year

Standard Rate: _____ Rate Offered: _____ Estimated Total for Duration of Stay: _____

Additional Information: _____

Owners Name: _____ Captain's Name: _____

Home Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: (_____ Business Phone: _____ Cell Phone: _____

Fax: (_____ Email Address: _____

Applicants Signature: _____ Date : ____/____/____
Day Month Year

Please note: Dockage is payable in advance. (Cancellation penalties apply– refer to Marina Payment Authorization)