

Please complete and return to the
Beacon Bay Marina
beaconbay@beaconbaymarina.com



OFFICE USE

Date: _____

Slip _____

Customer # _____ Boat# _____

Customer Information

Name: _____

Spouse: _____

Home Phone (_____) _____

Work Phone (_____) _____

Cell Phone (_____) _____

Email: _____

Crew: (Children ,Pets, etc.) _____

Address : _____

City: _____

Prov. : _____ Postal Code _____

Emergency Contact

Name: _____

Phone: (_____) _____

Note: This should be someone who does not usually go on the boat with you.

Vessel Information

Boat Name _____

Type

Power Boat	<input type="checkbox"/>	Sailboat	<input type="checkbox"/>
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Make/Model _____

Mfr. Year _____

Registration _____

Serial# _____

Boat Length _____ Overall Length _____

Fiberglass	Wood	Steel	Other
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Beam _____ Draft _____

Engine

Make/Model _____

Horse Power _____

Type

Gas	Diesel	Propane
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Slip Preferences

Hydro Required?

YES	NO
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Amps _____

Other

Dinghy?

YES	NO
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Make: _____

Length: _____

Outboard Motor

Make/Model: _____
(Dinghy Motor Information Only)

Engine Horsepower: _____

Sea Doo?

YES	NO
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Make & Motor: _____

Where did you hear about Beacon Bay Marina?

