



WYE HERITAGE MARINA

Customer Information

Captain: _____

First Mate: _____

Home Phone: (____) _____

Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Crew: (Children, Pets, etc.) _____

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: _____

Beam: _____ Draft: _____

Engine

Make/Model: _____

Horse Power: _____

Type:

Gas	Diesel	Propane
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OFFICE USE

Date: _____

Slip: _____

Customer # _____

Boat# _____

Slip Prospects: _____

Address: _____

City: _____

Prov: _____ Postal Code: _____

Emergency Contact

Name: _____

Phone: (____) _____

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

Slip Preferences

Hydro Required?

YES	NO
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Amps: _____

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: _____

Notes:

