



Newmarks' Yacht Centre
Attn: Marina Manager
Berth 204, Wilmington, CA 90744

Tel: (310) 834-2830 Fax: (310) 835-7206

Slip Application

Registered Owner(s) of Vessel

Name _____
Address _____
City _____
State/ Province _____ Zip _____
Date of Birth _____ SSN _____
Phone Number _____ Cell _____
Email _____
 Own Rent How Long? _____
Employer Name _____
Work Address _____
Work Number _____ Fax _____
How Long at this Employer _____
Driver's Lic. _____ DL. State _____
Bank Name _____ Branch _____
Savings # _____ Ck # _____

Legal Owner of Vessel

Name _____
Address _____
Phone Number _____ Cell _____

How did you hear about us? _____

Release and Disclaimer Information

Applicant represents that all statements herein are true and current and hereby authorizes NEWMARKS' YACHT CENTRE to verify all supplied information and check with corresponding credit bureaus.

I understand that this is an application only, which must be approved by the marina's home office prior to commencement of any licensed use of the marina's property.

I have read the terms and conditions stated above and agree to all of these terms and conditions.

Applicant's Signature

Dated

Vessel Information

Name of Boat _____
Location _____
Date Slip Needed _____
Maker/Builder _____ Year _____
Type: Power Sail Multi-Hull
Overall Length _____ Beam _____ Draft _____
Registration/CF # _____
Documentation# _____
Hull Material _____
Liveaboard? Yes No Persons 1 2

Insurance

Ins. Company _____
Agent _____
Coverage _____
Expires _____

Emergency Contact

Name _____
Phone No. _____ Cell _____
Relationship _____