

MOORAGE APPLICATION

HYLEBOS MARINA, INC.
1940 Marine View Drive
Tacoma, WA 98422
Phone: 253-272-6623
Fax: 253-272-3913

Date: _____

Boat Owner: _____ Partner/Spouse: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Alternate Phone: _____ Alternate Phone: _____

Drivers License # _____ Drivers License # _____

Note: If there are more than two partners for this vessel, please list others on backside.

Mailing address for moorage statement: _____

(if different from above) _____

Vessel Description: _____

Overall Length*	Width	Type (Sail/Power)	Make	Model	Year
Registration # _____	Documentation # _____	HIN # _____			

Previous moorage: _____

Name of Marina _____ Location _____

Contact: _____ Telephone: _____

Length of Stay: _____ Reason for departure: _____

Employer: _____ Telephone: _____

Address: _____

Personal references:

Name	Address	Telephone	Relationship
------	---------	-----------	--------------

--	--	--	--

--	--	--	--

* The overall length (from the tip of the bow to the back of the boat, including swim steps and/or motors, etc.) is required for determining the appropriate size of the moorage slip.

Additional Partners:

Partner: _____ Partner: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Alternate Phone: _____ Alternate Phone: _____

Drivers License # _____ Drivers License # _____

FOR OFFICE USE ONLY

Proof of Insurance received: ____ by _____ Date: _____

Proof of Registration rec'd: ____ by _____ Date: _____

Rental Agreement received: ____ by _____ Date: _____

Slip rented: _____
Dock Slip # Commencing Date Termination Date

First Month: \$: _____ (Prorated: ____ Days @ \$ _____ per day)

Last Month Deposit: \$ _____ (Method of payment: _____)

Key Deposit: Key Qty _____ (\$ _____ received) Date returned: _____

Notations: