

GERRISH TOWNSHIP MARINA TRANSIENT REGISTRATION

Please complete this form. Fill in all information below for our records. Please print. If you have any questions, please ask for assistance. There is a \$25.00 non refundable deposit for reservations. This will be applied to the slip fee. Your boat must be off the hoist by 11:00am on last day reserved.

Owner's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Mobile _____

In case of emergency contact: Name: _____ Phone: _____

Boat type: _____ Boat make: _____

Length: _____ ft. _____ in. Beam: _____ ft. _____ in. MC# _____

Color: _____ Boat entry point (all that apply): Bow _____ Port _____ Starboard _____

Please indicate if Handicap slip is required: _____

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To be completed by Marina personnel ONLY

Today's Date: ____/____/____ Deposit Received: \$ _____ Method Paid by: _____

Check # _____ Credit Card Type: _____ Last 4 of Credit Card # _____

Receipt# _____

Date In: ____/____/____ Date Out: ____/____/____ # of Nights: _____ Balance Owed: \$ _____

Balance Paid: \$ _____ Date: ____/____/____ Method Paid by: _____

Check # _____ Credit Card Type: _____ Last 4 of Credit Card # _____

Receipt# _____

Slip #: _____ Dock: _____

Signature: _____