

# 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: \$ \_\_\_\_\_

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Balance Paid: \$ \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Method Paid by: \_\_\_\_\_

Check # \_\_\_\_\_ Credit Card Type: \_\_\_\_\_ Last 4 of Credit Card # \_\_\_\_\_

Receipt# \_\_\_\_\_

*Slip #:* \_\_\_\_\_ *Dock:* \_\_\_\_\_

*Signature:* \_\_\_\_\_