

85 Liberty Ship Way #205 Sausalito, CA. 94965 Phone: (415) 331 – 5550 Fax : (415) 331 – 8523 www.SchoonmakerMarina.com

BERTH APPLICATION

Application Date:	Planned Occupancy Date:			
Boat Owner's Name:				
Residence Address:				
City:	St	ate:	Zip:	
Phone #: (Home)	(Work)		_ (Cell)	
Mailing Address: (if different tha	n above)			
City:	St	ate:	Zip:	
Driver's License #:	St	ate:		
Place of Employment:	For How Long:			
Email Address:				
VESSEL:				
Name:	Doc./Reg. #:]	Exp. Date:	
Make/Model:	Year:		Description:(Color, type, i.e. sloop, trawler, etc.)	
Length of Vessel: (LOA):	_ Beam: Draft	: Boa	Boat Type: Sail [] Power []	
Hull Type: Wood [] Steel [] Fiberglass [] Alun	n[] Fuel	Type: Diesel [] Gas []	
Motor: Inboard [] Outboard	[] Auxiliary [] Othe	er[] Holo	ding Tank: Yes[] No[]	
Insurance Carrier:		Exp.]	Exp. Date:	
Current Marina:				

(Name & Location; Dates of occupancy of last marina if vessel is in transit)

Applicant understands and agrees that the above personal information may be used to obtain credit information from credit reporting sources and authorizes the verification of all references and statements made.

Applicant's Signature

Received by Signature

Date

January 6, 2011