

**The City Marina
Slip Deposit**

17 LOCKWOOD DR
CHARLESTON, SC 29401
843-577-7702

CUSTOMER #:
BOAT ID:

LICENSEE

NAME:			
ADDRESS:		CITY:	STATE: ZIP:
PHONE:	CELL:		OFFICE:
EMAIL: (USED FOR BILLING AND NEWS LETTERS)			
DRIVERS LICENSE #:			DL STATE:

EMERGENCY CONTACT:	PHONE:
SPOUSES NAME:	PHONE:

PARTNER NAME:			
ADDRESS:		CITY:	STATE: ZIP:

BOAT INFORMATION

BOAT NAME:		
MAKE:	MODEL:	YEAR:
LOA:	BEAM:	DRAFT:
HULL ID:		HULL COLOR:
REGISTRATION #:		STATE:
DOCUMENTATION #:		
HAILING PORT:		

INSURANCE COMPANY:		
AGENCY:		AGENT'S PHONE #:
POLICY #:		EXPIRATION DATE:

PREVIOUS MARINA:	
CONTACT:	PHONE #:

I authorize The City Marina to charge the card below _____ for the first right of refusal on slip # _____.

Name on Card _____

Card #	Exp Date
Card Holder Signatruce	Date