



SOUTH BAY MARINA

Seasonal Boater Information

Please complete **ALL** areas of information

Customer Information

Name _____ Phone Number _____
Billing Address _____ City _____
State _____ Zip Code _____ Alt. number _____
Email Address _____

Vessel Information

Vessel Model _____ Vessel Make _____
Color/Trim _____ Hull Number _____
Vessel Name _____ Vessel State Reg _____
Length _____ Beam _____ Draft _____

Insurance Information

Provider _____
Policy Number _____ Expiration Date _____
