

New or Changed Customer Information

NAME: _____

ADDRESS: _____

CITY: _____ STATE _____ ZIP _____

HOME PHONE: _____

HOME FAX: _____

CELL: _____

EMAIL: _____

WORK PHONE: _____

WORK FAX: _____

WORK EMAIL: _____

Boat Information

BOAT NAME: _____

BOAT YEAR: _____

BOAT LENGTH: _____ BEAM: _____ MAST LENGTH: _____

HULL NUMBER: _____ MAKE: _____

MODEL: _____ ENGINE YEAR: _____

DO YOU OWN: *CRADEL/TRIPODS/TRAILER* RENT: *CRADEL OR TRIPODS*

REGISTRATION #: _____ DOC #: _____

WHERE DO YOU SLIP IN THE SUMMER? _____

SLIP #: _____ DOES THIS CHANGE YEARLY: _____

KEY OR COMBO: _____ LOCATION: _____

DO YOU HAVE A KEY FOR THE RESTROOMS AT RACINE RIVERSIDE? _____

DO YOU HAVE A GATE OPENER FOR RACINE RIVERSIDE AND IF SO HOW MANY DO YOU HAVE?
