



PO BOX 187
SAUSALITO, CA 94966
415 332 3500

DRY STORAGE APPLICATION

BERTH APPLICATION

Name _____ Home Phone # _____

Home Address _____

Email _____ Cell Phone # _____

Driver's License # _____ Employer _____

Occupation _____ Business Address _____

Business Phone # _____ Length of Employment _____

Vessel Lien Holder _____ Phone # _____

Do you have partners in this vessel? _____ If yes, list names and addresses below.

Emergency Contact _____ EMG Phone _____

Vessel Name _____ CF#/Documentation# _____

Make Model of Vessel _____ Year Built _____

Overall Length _____ Beam _____ Draft _____ Power or Sail _____

(End to end including swim steps, bowsprits, outboard motors, all overhangs)

Condition of Vessel: First Class _____ Good _____ Average _____ Needs Work _____

Currently berthed at: _____

Reason for leaving: _____

Insurance Co. _____ Policy# _____

Expiration Date _____ Agent _____ Phone # _____

Are you applying for live-aboard status? _____ If yes, do you have pets? _____

Name _____ Species/Breed/Color/Age _____

If yes, list additional people and ages: _____

Are you a member of a yacht club? _____ Club name: _____

Applicant represents that statements above are true and correct and hereby authorizes release of information for verification of statement made by applicant. This is an application only, and must be approved by Clipper Yacht Co. LLC prior to any use of Marina's property.

Date: _____ Signature: _____