

MEMBER	<input type="checkbox"/>
(CHECK ONE)	
ASSOCIATE MEMBER	<input type="checkbox"/>

COLLEGE POINT YACHT CLUB

PO BOX 140
3-04 126 ST
COLLEGE POINT N.Y. 11356

Attach copies of boat registration, drivers license, and certificate of boaters liability insurance to this contract.

SLIP APPLICATION

YEAR _____

Name (print): _____ Date: _____

Street Address: _____ Town: _____ State: _____ Zip: _____

E MAIL _____ (W) _____ (C) _____

Emergency Notification (Name): _____ Phone: _____

BOAT INFORMATION

BOAT NAME: _____ LENGTH: _____ YEAR: _____ MAKE: _____

Boat Type: (CHECK ONE) Sail: _____ POWER: _____ Insurance - copy of certificate Yes: _____ No: _____

Engine Type (CHECK ONE) Inboard: _____ Outboard _____ Inboard / Outboard _____

Hull Material: (CHECK ONE) Fiberglass: _____ Wood: _____ Other: _____ (SPECIFY)

State of Reg / Documentation _____ H.I.D. # _____ REG # _____ Expires: _____

(THE FOLLOWING INFORMATION IS TO BE FILLED OUT BY A C.P.Y.C. OFFICIAL)

SLIP ASSIGNED	MINIMUM SLIP SIZE	PRICE PER FT.	BOAT LENGTH	FT.	SLIP FEE AMOUNT	
REMARKS: *(For "OTHER AMOUNT" comment here:)			<i>Computer user, place "X" in all that apply.</i>		PRICES	ADD FEES BELOW
			SECURITY		\$50.00	
			ELECTRIC		\$125.00	
			LAUNCH		\$75.00	
			TRAILER STORAGE		\$175.00	
			MEMBERS ONLY	2 FT	\$25.00	
			LOCKER	3 FT	\$35.00	
			NUMBER	4 FT	\$50.00	
					*OTHER:	
			RECEIPT NUMBER	AMOUNT DUE:		
			PAYMENT 1 :			
		RECEIPT NUMBER	BALANCE:			
			PAYMENT 2 :			
			BALANCE:			

C.P.Y.C. OFFICIAL: _____

DATE: _____

I have received a copy of the MARINA CONTRACT and AGREE and understand it.

Signature: _____

Date: _____