



WAIT LIST INFORMATION FORM

Name: _____

Personal Information	
Name:	
Address:	
City:	Postal Code:
Home Phone:	Business Phone:
Cell Phone:	
Email Address:	

Boat Data		
Make/Mfr:	Type:	Boat Name:
Length:	Beam:	Draft:
Electrical: 15 Amps <input type="checkbox"/> 30 Amps <input type="checkbox"/> 50 Amps <input type="checkbox"/> A/C <input type="checkbox"/> No. of A/C Units: _____		
Boat Registry Number:		

Signature: _____ Date: _____