



APPLICATION FOR SLIP RENTAL

Registered Owner: _____ Birth Date: _____
 First Middle Last

Spouse/Partner: _____ E-mail Address: _____

Phone Mobile: _____ Business: _____ Home: _____

Fax: _____

Home Address: _____
 Street City State Zip

Billing Address: _____
 Street City State Zip

Employment/Business Name: _____

Employer/Business Address: _____

Personal Bank Name: _____ Branch: _____

Boat Lien holder (if applicable): _____

Emergency contact in San Diego: _____ Phone: _____

Vessel Name: _____ Make/Model: _____ Year: _____

Registration/Documentation # _____ Registration/Doc Expiration date: _____

Gas Type: Gas: _____ Diesel: _____ Hull Material: _____ Boat type: Power _____ Sail _____

Boat Length Overall (including all appendages) _____ Beam at dock level: _____

Electrical: 110 V/30Amp _____ 110V/50Amp _____ 208V/50Amp _____ # Plugs: _____

Vessel Insurance Carrier: _____ Insurance Exp Date: _____

Current Marina: _____

Liveaboard Status: Yes _____ No _____ If Yes, How many persons/ages: _____

Projected Move In date: _____ Type of lease you would like: Month to Month: _____ Year Lease: _____

How did you hear about Sunroad Resort Marina? : _____

For Office Use Only

Slip Number: _____ Approved by Marina Manager: _____

Application Fee Paid: Yes No Amount: \$ _____ Form of Payment: _____ Account #: _____