



## BOAT REGISTRATION FORM

Please complete all of the information in the spaces provided.

Owner Name: \_\_\_\_\_

Unit Address: \_\_\_\_\_

### CONTACT INFORMATION

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Registered Boat Owner's Name: \_\_\_\_\_

Boat Name: \_\_\_\_\_ Manufacturer Name: \_\_\_\_\_

Boat Registration Number & State: \_\_\_\_\_

Boat Description (length, color, etc.): \_\_\_\_\_

Boat's Insurance Company Name: \_\_\_\_\_

Policy # / Coverage: \_\_\_\_\_

Insurance Agent's Name: \_\_\_\_\_ Agent's Contact # \_\_\_\_\_

Expected to be docked how long? \_\_\_\_\_

**IMPORTANT:** Copies of the Boat Owner's Certificate of Insurance and Boat Registration must be submitted with this completed form to be permitted to use a boat slip at Harbour Point.

**Please return completed form to The Select Group at the address or fax number provided below or email to [cdoneff@theselectgroup.us](mailto:cdoneff@theselectgroup.us)**

**FOR OFFICE USE ONLY:** Insurance & Registration Attached & Verified \_\_\_\_\_

Decal Number Issued \_\_\_\_\_ Date Issued \_\_\_\_\_