



APPLICATION FOR BOAT SLIP RENTAL/LEASE

REGISTERED OWNER OF VESSEL INFORMATION:

NAME _____
ADDRESS _____
CITY/STATE/ZIP _____
HOME PHONE _____ CELL PHONE # _____
DATE OF BIRTH _____ EMAIL ADDRESS _____
SOCIAL SECURITY # _____ DRIVERS LICENSE # _____
EMPLOYER NAME & ADDRESS _____

WORK PHONE NUMBER _____ HOW LONG EMPLOYED _____
BANK NAME & ADDRESS _____
LIEN HOLDER NAME, ADDRESS & PHONE _____

VESSEL INFORMATION

MAKE/ BUILDER _____ YEAR _____
MODEL _____ POWER OR SAIL _____
LENGTH OVERALL _____ DRAFT _____ BEAM _____
HULL MATERIAL _____
DMV REGISTRATION # _____ EXPIRATION DATE _____
US COAST GUARD DOCUMENTATION # _____ EXPIRATION DATE _____
VESSEL INSURANCE CO. AND PHONE _____

LIABILITY \$ _____ POLICY NUMBER _____ EXPIRATION DATE _____
EMERGENCY CONTACT NAME/PHONE NUMBER _____
VESSEL PRESENTLY BERTHED AT _____

RELEASE AND DISCLAIMER

APPLICANT REPRESENTS THAT ALL STATEMENTS HEREIN ARE TRUE AND CURRENT AND HEREBY AUTHORIZES CHANNEL ISLANDS 241 MANAGEMENT, LLC TO VERIFY ALL SUPPLIED INFORMATION AND CHECK WITH CORRESPONDING CREDIT BUREAUS.


AS SIGNED BELOW, I (APPLICANT) UNDERSTAND THAT THIS IS AN APPLICATION ONLY, WHICH MUST BE APPROVED BY THE MARINA'S MANAGEMENT PRIOR TO COMMENCEMENT OF ANY LICENSED USE OF THE SEABRIDGE MARINA PROPERTY.

APPLICANT SIGNATURE _____ DATE _____

FAX completed application to: Fax (805) 985-8338

OR

EMAIL completed application to: seabridgemarina241@gmail.com

	<p>SEABRIDGE MARINA</p> <p>1237 S. Victoria Ave., 101, Oxnard, CA 93035 Phone (805) 985-8228 Fax (805) 985-8338</p> <p>APPROVED DATE _____</p> <p>MGMT SIGNATURE _____</p> <p>OFFICE USE ONLY</p>
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