50% DEPOSIT REQUIRED Current Insurance Binder Registration or Documentation

SUMMER APPLICATION

CRYSTAL COVE MARINA 529 SHIRLEY STREET WINTHROP, MA 02152

TEL: (617) 846-SAIL FAX. (617) 846-4301

NAME:		Slip #
STREET:	CITY, STATE, ZIP:	
CREDIT CARD #		
S/S NUMBER:		
TELEPHONE #'s: HOME:	WORK: CH	ELL:
E-mail address:		
BOAT OWNER:	Doc# or MS #:	
BOAT NAME:	BOAT DESCRIPTION:	
MAKE: YEAR:_	SAIL OR POWER:	
LENGTH:BEAM:DEPTH:_	WEIGHT:FIBERGLASS C	OR WOOD:
OVERALL SIZE OF BOAT:	IS THERE A SWIM PLATFORM?	OR PULPIT?
NOTE: SLIP FEES ARE BASED ON O	VERALL SIZE OF BOAT.	
NUMBER OF ELECTRICAL PLUGS REQUIRED: (One included in price)	ADDITIONAL 30 AMP SERVICE	AT \$200.00 EACH
DATE WANTED FOR HAULING/LAUNG	CHING: 1ST CHOICE: 2N	ID CHOICE:
TRAILERS (fee for summer storage	e) <u>:</u>	
MAKE:	REG. #:	
DESCRIPTION:		
NOTE: All trailers left at CCM for solocked. A set of keys to the trailer means ANY OTHER PERTINENT INFORM	torage or Active Summer must be cl ust be provided to CCM.	

SIGNATURE	DATE	

<u>NOTE</u>: Please remember we must have your current insurance and registration documentation as well as your signed contract before you may bring your boat into the Marina. You may fax the information to us at (617) 846-4301.

IMPORTANT: ALL BOATS MUST HAVE A WINTHROP MOORING STICKER & PAY A FEE TO TOWN HALL (WINTHROP TOWN HALL - 617-846-2716)