SUMMER APPLICATION

Crystal Cove Marina 529 Shirley Street Winthrop, MA 02152

Tel: (617)846-7245 Fax(617)846-4301

NAME:						SLIP #	
STREET:	CITY, STATE, ZIP:						
CREDIT CARD#:				_CVC:	EXP:	AMOUNT:	
PHONE: HOME:		WORK:		CFLL:			
EMAIL:		BOAT OWNER:					
DOC# / MS#		BOAT NAME:_		DESCRIPTION:			
MAKE:		YEAR:	SAIL/POWER:				
LENGTH:	BEAM:	DEPTH:	WEIGHT:	FIB	ERGLASS or WO	OOD?	
OVERALL LENGTH:_		SWIM PLATFORM?	PULPIT?		_		
NOTE: SLIP FEES A	RE BASED	ON OVERALL SIZE OF B	OAT.				
		GS REQUIRED (one inclu @ \$200 EACH (optiona		-			
	eft at CCM	for storage must be c	learly marked with i	name, and l	locked. Keys to	trailer must be provided	
to CCM office.							
DATE WANTED FOR	CE:	2 ND CHOICE:					
TRAILERS (fee for s	ummer sto	rage):					
MAKE:				REG.#:			
ANY OTHER INFORI	MATION OI	R REQUESTS:					
SIGNATURE:					DATE:		

<u>NOTE:</u> 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, or email us at crystalcovemarina@gmail.com

IMPORTANT: All boats must have a Winthrop mooring sticker & pay a fee to town hall. (WINTHROP TOWN HALL – (617)846-2716)