



Dry Stack Application

Name _____

Date of Birth _____ / _____ / _____

Social Security Number _____ - _____ - _____

Home Address _____

Previous Address _____

Cell Phone _____

E-mail _____

Employer or Business _____

Position _____

Business Address _____

Business Phone _____

Name of Spouse _____

Employer (Spouse) _____

Business Phone (Spouse) _____

Business Address (Spouse) _____

Bank account(s) with _____

Account Number _____

Emergency contact Person _____

Emergency contact address _____

Name of insurance Company _____

Policy Number _____

Name of Insurance Agent _____

Agents Phone number _____



BOAT/TRAILER INFORMATION

Description of boat _____

Hull ID # _____

Registration # _____

Overall Length _____

Beam _____

Height _____

Year _____

Damage noted _____

Description of trailer _____

MFGID # _____

Trailer license tag _____

Damage noted _____

ADDITIONAL PERSONS AUTHORIZED TO USE BOAT

Name _____

Address _____

Phone _____

Name _____

Address _____

Phone _____