CSH SEAFARERS APPLICATION

PO BOX 41 COLD SPRING HARBOR, NY 11724

WWW.CSHSEAFARERS.COM

~~APPLICANT INFORMATION~~					
NAME:			HOME #:		
ADDRESS:			WORK #:		
			CELL #:		
EMAIL:					
	~~\/ECCEI		ATION~~		
~~VESSEL INFORMATION~~					
CIRCLE TYPE:	INBOARD		SAIL	OUTBOARD	
LENGTH:			DRAFT:		
MAKE:		VESSEL NAME:			
REGI #:					
	~~INSURANCE~~	"INSURANCE"		~~MOORING~~	
CIRCLE INSURANCE:	YES N	VO	WEIGHT:		
PROVIDER:			CHAIN -		
			LENGTH: _ OWNER		
POLICY #:			(IF RENT) _	_	
~~DUES, DATES, RULES, OTHER~~					
BOAT LENGTH (BY MODEL) X \$41 PER FT.(ESTIMATED):					
NY STATE SALES TAX (8.625%):					
TOTAL:					
	\$400 DEPOSIT DUE 12/1 (FOR FOLLOWING SEASON): \$400.00				
BALANCE DUE 2/1 (OF SEASON):					
MUST BE POST MARKED BY DUE DATES					
*** \$100 LATE FEE ***					
MAIL CHECKS TO ABOVE ADDRESS					