

# CSH SEAFARERS APPLICATION

PO BOX 41

COLD SPRING HARBOR, NY 11724

WWW.CSHSEAFARERS.COM

## ~~APPLICANT INFORMATION~~

NAME:	_____	HOME #:	_____
ADDRESS:	_____	WORK #:	_____
	_____	CELL #:	_____
EMAIL:	_____		

## ~~VESSEL INFORMATION~~

CIRCLE TYPE:	INBOARD	SAIL	OUTBOARD
LENGTH:	_____	DRAFT:	_____
MAKE:	_____	VESSEL NAME:	_____
REGI #:	_____		

## ~~INSURANCE~~

CIRCLE	YES	NO
INSURANCE:		
PROVIDER:	_____	
POLICY #:	_____	

## ~~MOORING~~

WEIGHT:	_____
CHAIN	_____
LENGTH:	_____
OWNER	_____
(IF RENT)	_____

## ~~DUES, DATES, RULES, OTHER~~

	_____
	_____
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