

# THE MOORINGS ASSOCIATION

Date \_\_\_\_\_

Slip# \_\_\_\_\_

I (slip owner name) \_\_\_\_\_

Give permission to \_\_\_\_\_

To occupy my slip for the following dates \_\_\_\_\_

Slip Owner's Signature \_\_\_\_\_

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## OCCUPANT'S INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Name of Vessel \_\_\_\_\_

Make and Model \_\_\_\_\_

Length \_\_\_\_\_ Beam \_\_\_\_\_ Draft \_\_\_\_\_

Insurance Carrier \_\_\_\_\_

Agent's Name &  
Phone# \_\_\_\_\_

Policy No. \_\_\_\_\_ Policy Limits \_\_\_\_\_

Policy period/term \_\_\_\_\_

I have received a copy of Association Rules and Regulations.  
I understand and will abide by them.

Occupant's Signature \_\_\_\_\_