



3932 GERMANTOWN RD, EDGEWATER, MD 21037
410-798-1658 (LOCAL) FAX: 410-798-1926

E-MAIL: INFO@RHODERIVERMARINA.COM

WEBSITE: WWW.RHODERIVERMARINA.COM

Vessel Information Sheet

PLEASE PROVIDE THE FOLLOWING INFORMATION SO WE CAN BETTER SERVE YOU.

OVER→

BOAT ARRIVAL DATE: _____

Cust. ID# _____ Boat ID# _____ Slip# _____ Rack# _____ Trailer # _____

Owner's First Name _____ Last Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Work Phone _____

Mobil Phone# _____ Pager _____

Fax# _____ E-Mail Address _____

Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Phone _____

Credit Card # _____ Exp _____ V Code _____

Co-Owner's First Name _____ Last Name _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

Home Phone# _____ Work Phone _____

Mobil Phone# _____ Pager _____

Fax# _____ E-Mail Address _____

Credit Card # _____ Exp _____ V Code _____

Employer _____

Employer Address _____

City _____ State _____ Zip Code _____

Emergency Contact _____ Phone _____

Boat Insurance Company _____
Agent _____ Policy# _____ Expires _____
Street Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Fax# _____
Please supply the following information on your boat:

BOAT

Boat Year _____ Make _____ Model _____
Length _____ Beam _____ Draft _____
Serial/Hull Number _____
Boat Name _____ Registration Number _____
Document Number _____ Key Code Number _____

ENGINE

<u>Engine #1</u>	<u>Engine #2</u>
Year _____	Year _____
Make _____	Make _____
Model _____	Model _____
Serial# _____	Serial# _____
Transom _____	Transom _____
Drive _____	Drive _____
HorsePower _____	HorsePower _____
Type (I/O, O/B, I/B) _____	Type (I/O, O/B, I/B) _____

TRAILER

Trailer Year _____ Make _____ Model _____
Serial# _____ Length _____ Registration# _____
Tag# _____ State _____

AUTHORIZED BOAT USE

**Please supply the names & addresses of any people
whom you allow access and/or use of your boat:**

Name _____
Address _____
City _____ State _____ Zip Code _____

Name _____
Address _____
City _____ State _____ Zip Code _____