



Exhibit A
The Geneva Inn Boat Slip Application
2018 Season – please print

Boat Owner Name: _____

Address: _____ City: _____ St: _____

Email Address: _____

Telephone: _____ Cell Phone: _____

Boat Lift: YES ___ installer: _____ NO ___

Contact information for Marina that services this boat:

In Case of Emergency Notify: _____

Telephone: _____

Name of Boat: _____

Registration Number: _____

Length: _____ Beam: _____ Draft: _____ Sail or Power:

Radio Call Letters: _____

Marine Insurer: _____

Owner's Autos – please park in annex lot (across the street) on busy dates and weekends.

Make: _____ Model: _____ License#: _____

Make: _____ Model: _____ License#: _____

Owner's/Applicant's Signature: _____ Date: _____