



SkipperBud's

TRANSIENT SLIP RESERVATIONS

CUSTOMER INFORMATION:

| | | |
|---------------|-----------------------|------------|
| Name | Reservations taken by | Date |
| Address | City, State Zip | |
| Home Phone | Work/Cell Phone | |
| Email Address | Group Name | # in Group |

BOAT INFORMATION:

| | | |
|---|--------------|--------|
| Boat Name | Manufacturer | |
| Power Requirements: 30 Amp 50 Amp | Length | Draft |
| Circle One: Power Sail | Slip Size | Slip # |

DATE INFORMATION:

| | | |
|------------------------|--------------------------|-------------------|
| Check-In (After Noon): | Check-Out (Before Noon): | Total # of Nights |
|------------------------|--------------------------|-------------------|

Is this your first stay at our marina? Yes No

\$ _____ per foot x _____ Length x _____ # days = \$ _____

Plus Tax: = \$ _____

Total: = \$ _____

MC/Visa #: _____ Expiration Date: ____/____/____

Please call 24 hours in advance for cancellation or there will be a one day charge.

| | |
|--|----------------------|
| Amount Received: \$ _____ | Date: ____/____/____ |
| Circle One: Cash Check Charge | Received by: _____ |

Keys Received - Customer: _____ Key # _____ Date: ____/____/____

Keys Returned - Employee: _____ Date: ____/____/____