



SkipperBuds

TRANSIENT SLIP RESERVATIONS

CUSTOMER INFORMATION:

Name	Reservation 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 (Tip to Tip)	Draft
Choose 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

Homeport _____

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

Plus Tax: = \$ _____

Total: = \$ _____

(REQUIRED)
MC/Visa #DISCOVER - _____

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: ____/____/____