

APPENDIX "D"

HARBOUR at BLUE POINT H.O.A., INC.

ANNUAL BOAT SLIP REGISTRATION FORM

Date_____

Name_____

Unit#_____

Mailing Address_____

Home Phone_____

Cell_____

Boat Manufacturer_____

Year_____

Length_____

Beam_____

Registration Number_____

Insurance Carrier_____

Policy Number_____

Expiration Date_____

Slip Number_____

Circle One: **Renewal** or **Additional Slip**