

RECREATIONAL SLIP WAITING LIST APPLICATION



Sandwich Marina
 12 Freezer Road
 PO Box 1393
 Sandwich, MA 02563
 (508) 833-0808

Shaded areas to be fill out by Harbormaster office only.

Original Application Date/Time

****\$10.00 for new applicants.**
ANNUAL RENEWAL FEE: \$20.00

Name:

Home Address Street, City, State, Zip Code

Home Phone

Email Address (Required)

Mobile Phone

Secondary Contact (other than numbers given above)

Contact Number

Half Slip (see notes 2&3)

Full Slip Categories. Check One Only

24 foot and less

25 to 29 foot

30 to 35 foot

36 to 43 foot

44 foot and over

NOTES

1. Please initial or place "X" in the box to indicating appropriate Wait List Category you desire to be included to.
2. *Half slip* category is an individual list on its own. You cannot move from the half slip Wait list to the Full slip category.
3. If you desire to be on the *Half Slip* and the *Full Slip* you must complete a separate applications.

**** MAKE CHECKS PAYABLE TO THE TOWN OF SANDWICH OR YOU CAN PAY BY CREDIT CARD BY CALLING THE MARINA OFFICE AT (508) 833-0808**

Please Note: It is the applicant's responsibility to notify the Marina Office of any changes (i.e. mailing address, phone number, email address, etc), failure to do so may result in non receipt of the annual notice for renewal. The Marina is not liable for lost mail and it is the applicant's responsibility to contact the Marina if they have not received the annual renewal by March 1. Failure to respond/submit payment to the annual renewal will result in removal from the WAITLIST. No appeals will be granted upon removal.

I hereby request my name to be added to the Sandwich Marina Recreational WAITLIST as stated above. I understand that slips will be offered on the basis of the application date in which this document was received by the Marina office personnel. Slips will be assigned at the discretion of the Harbormaster and the appropriate wait date. I further agree to abide by the rules and regulations of the Sandwich Marina once awarded a slip.

Date: _____

Applicant's Signature: _____

Date: _____

Authorized Signature: _____