RECREATIONAL SLIP WAITING LIST APPLICATION



Date:_____

Date:

Sandwich Marina 12 Freezer Road PO Box 1393 Sandwich, MA 02563

(508) 833-0808

Shaded areas to be fill out by Harbormaster office only.

Applicant's Signature:

Authorized Signature:

Original Application Date/Time

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

Name:		
Home Address Street, City, State, Zip Code	e	Home Phone
Email Address (Required)		Mobile Phone
Secondary Contact (other than numbers given	ven above)	Contact Number
Half Slip (see notes 2&3)	NOTE	S
Full Slip Categories. Check One Only	 Please initial or place "X" in the box to indicating appropriate Wait List Category you desire to be included to. Half slip category is an individual list on its own. You cannot move from the half slip Wait list to the Full slip category. 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	
24 foot and less		
25 to 29 foot		
30 to 36 foot		
37 to 44 foot	SANDWICH OR YOU CAN PA	Y BY CREDIT CARD BY
45 foot and over	CALLING THE MARINA OFF	ICE AT (508) 853-0808
Please Note: It is the applicant's responsibility to not dress, phone number, email address, etc), failure to renewal. The Marina is not liable for lost mail and if they have not received the annual renewal by Februanual renewal will result in removal from the WA application must be completed in FULL in order to	do so may result in non receip it is the applicant's responsibi oruary 15th. Failure to respon ITLIST. No appeals will be gr	ot of the annual notice for lity to contact the Marina ad/submit payment to the ranted upon removal. This
I hereby request my name to be added to the Sandw understand that slips will be offered on the basis of ceived by the Marina office personnel. Slips will be appropriate wait date. I further agree to abide by the awarded a slip.	the application date in which to assigned at the discretion of t	this document was re- the Harbormaster and the