

Boat Information Form

SOWLES BAY YACHT CLUB
P.O. Box 8344
FORT WAYNE, IN 46898

PERSONAL INFORMATION:

Boat Owner's Name(s): _____

Address: _____

Telephone: (Home) _____ (Work) _____

(Cellular) _____

eMail: _____

eMail: _____

BOAT INFORMATION:

BOAT: Make: _____ Type: _____

Registration No.: _____

Year: _____ Color: _____

Length: _____ Beam (width): _____

Draft: _____ Mast Length (if applicable): _____

MOTOR: Make: _____ Type: _____

Size: _____ Year: _____

Serial No.: _____ Fuel Type: _____

JET SKI (s): Make: _____ Type: _____ Year: _____

Make: _____ Type: _____ Year: _____

Registration No(s): _____

LIFT(s): Make: _____ Type: _____ Size: _____

Make: _____ Type: _____ Size: _____

Make: _____ Type: _____ Size: _____

TRAILER (s): Trailer Make: _____ Color: _____ License No.: _____

Trailer Make: _____ Color: _____ License No.: _____

INSURANCE:

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Agent: _____ Phone: _____

The following person(s) is (are) authorized to use the boat:

