



MOORAGE WAITING LIST APPLICATION

CONTACT INFORMATION:

NAME: _____

HOME ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____ WORK FAX: _____

E-MAIL ADDRESS: _____

ALTERNATE CONTACT NAME: _____

ALTERNATE CONTACT PHONE: _____

If you wish to be on multiple wait lists, it will be necessary to fill out a separate Wait List Application and pay a separate Wait List Deposit for each list you are on. In addition, a separate annual fee will be invoiced every January for each Wait List you are on.

VESSEL LOA (everything measurable included/Zero overhang allowed): _____

CHECK ONE MARINA ONLY AND ONE SLIP SIZE ONLY PER WAIT LIST APPLICATION

PORT ORCHARD MARINA:

DESIRED SLIP SIZE (**CHECK ONE ONLY**):

COVERED SLIP SIZES: 28' , 32' , 36' , 42' , 52'

UNCOVERED SLIP SIZES: 20' (not available for sailboats), 24' , 28' , 32' , 36' , 40' , 42' , 50' , 50' , 50+Inside (only 1 slip in marina) ,

OM (outside moorage – 60' + vessels only)

BREMERTON MARINA:

DESIRED SLIP SIZE (**CHECK ONE ONLY**):

UNCOVERED SLIPS: 24' , 36' , 38' , 40' , 42' , 44' , 46' , 48' , 50' , 52' , 54' , 56' , 58' , 60' , 60'+

If you presently own a boat, please fill out the following:

VESSEL NAME: _____

WA STATE VESSEL REGISTRATION #: _____

VESSEL DOCUMENTATION #: _____

(Documented vessels must be registered in WA State unless exempt. Exemption form may be required)

VESSEL TYPE or MANUFACTURER: _____

BEAM: _____ DRAFT: _____ HEIGHT: _____

VESSEL TYPE: POWER SAIL COMMERCIAL MULTI-HULL

I acknowledge receipt of a copy of the Port of Bremerton’s Moorage Waiting List Policy. I understand that I will be contacted by **telephone** when moorage is available and that I am responsible for keeping all contact numbers updated. I further understand that I will accept the moorage space when it is offered or be placed on the bottom of the wait list. Failure to respond within **SEVEN** days of the initial call from the Port offering the space will result in a withdrawal of the offer and placement on the bottom of the wait list.

I understand that this policy applies to my application for moorage and that a **non-refundable** deposit of **ONE HUNDRED (\$100.00) DOLLARS** shall accompany this application. Deposit shall be credited to the first month’s moorage when assigned. I also understand that I will be charged an **annual fee** to retain my space on the wait list in the amount of **TWENTY FIVE (\$25.00) DOLLARS** due January 1st of each year. Any account where the annual fee is not paid by March 31st, deposit will be presumed forfeited and the name will be removed from the list.

SIGNATURE

DATE

Thank you for your interest in mooring with us. When submitting your application by mail, please be sure to enclose your deposit check and remit to the following address:

Port of Bremerton
8850 SW State Hwy 3
Bremerton, WA 98312

Applications received without a deposit enclosed are not valid.

FOR OFFICE USE ONLY:

RECEIVED DATE: _____

CASH () CHECK () _____ or CC () _____

OFFICE STAFF EXECUTING APPLICATION: _____