



PUERTO  
DEL REY

PUERTO DEL REY MARINA  
WET SLIP RESERVATION FORM

VESSEL DESCRIPTION

BOAT NAME	_____	POWER	<input type="checkbox"/>	SAIL	<input type="checkbox"/>	CAT	<input type="checkbox"/>
BOAT MAKE	_____	BOAT MODEL	_____	YEAR	_____		
LENGTH: LOA	_____	BEAM	_____	DRAFT	_____		
REGISTRATION OR DOCUMENTATION #	_____			FLAG	_____		
HULL NUMBER	_____	HULL COLOR	_____	HULL TYPE	_____		
FIBERGLASS	<input type="checkbox"/>	STEEL	<input type="checkbox"/>	ALUMINUM	<input type="checkbox"/>	WOOD	<input type="checkbox"/>
				OTHER	<input type="checkbox"/>		
ENGINE MAKE	_____	ENGINE YEAR	_____	ENGINE HP	_____		
ENGINES:	<input type="checkbox"/>	I/B	<input type="checkbox"/>	I/O	<input type="checkbox"/>	O/B	<input type="checkbox"/>
				DIESEL	<input type="checkbox"/>	GAS	
ARRIVAL DATE	_____	LENGTH OF STAY	_____	LAST PORT OF CALL	_____		

BOAT OWNER INFORMATION

OWNER'S NAME	_____	CONTACT NUMBERS	
MAILING ADDRESS	_____	HOME	_____
	_____	WORK	_____
	_____	FAX	_____
E-MAIL ADDRESS	_____	MOBILE	_____
EMERGENCY CONTACT	_____	PHONE #	_____
INSURANCE COMPANY	_____	PHONE #	_____
INSURANCE AGENT/BROKER	_____	PHONE #	_____
INSURANCE POLICY #	_____	EXP. DATE	_____

CREDIT CARD INFORMATION

TYPE OF CC	_____	ACCOUNT #	_____
EXPIRATION DATE	_____	AUTHORIZED NAME	_____
SIGNATURE	_____		

By signing you agree to credit card charges for deposit.

CONTACT US: PO BOX 1186, FAJARDO, PR 00738      EMAIL: [marina@puertodelrey.com](mailto:marina@puertodelrey.com)  
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FOR OFFICE USE ONLY

RESERVATION MADE BY:	_____	CONFIRMED BY:	_____
SLIP ASSIGNED:	_____	DATE:	_____