

# Non-Motorized Application Form

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Home #: \_\_\_\_\_

Address: \_\_\_\_\_

Cell #: \_\_\_\_\_

Lot #: \_\_\_\_\_

Home Owners Insurance attached:

Type: \_\_\_\_\_

Make: \_\_\_\_\_

Color: \_\_\_\_\_

Length: \_\_\_\_\_

Hull #: (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_

## Office Staff

Dues Current/Fines Paid

Safety Test Date: \_\_\_\_\_

Video: \_\_\_\_\_