CITY OF RYE MUNICIPAL BOAT BASIN
650 Milton Road, Rye, NY 10580
914-967-2011

Summer [ ]
Winter [ ]
Trailer [ ]
Wait List [ ]

2018 APPLICATION – NEW VESSELS
All Fields are required

*Resident ☐ Non-Resident ☐ Application Date:_____/_____/_____
*2 proofs of residency required

Registered OWNER:

Name: _____ Email: _____

Address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

Emergency Contact Name:_____Phone: _____

BOAT DATA: (Application will **NOT** be accepted without copy of registration and proof of insurance)

Insurance Company_____Policy #_____Exp. Date_____

Type of Vessel (Circle type):

	Power w/ Inboard Engine	Outdrive	Outboard
	Sail/no engine	Sail/Outboard	Inboard
Fuel Tank Size: Max Capacity _____	Kayak	Canoe	Paddle Board
	Dingy	Jet Ski	
	Trailer (license plate and make)	_____	

Boat Manufacturer/Make:_____Model:_____Year: _____

Name on Boat:_____Hull Color:_____Top Side Color: _____

Engine Manufacturer: _____ Engine H.P.:_____Single / Twin

Length Overall:_____ft._____ins. (INCLUDE BOW PULPIT AND SWIM PLATFORM)

Beam/width:_____ft._____ins. Draft:_____ft._____ins. Fly Bridge: Yes ☐ No ☐

NYS Registration #:_____ Hull ID #: _____

I received, read and understand the rules and regulations of the City of Rye Municipal Boat Basin as set forth by the Rye Boat Basin Commission and the City of Rye and all laws and restrictions in the City of Rye Harbor ordinance and agree to abide by said rules and regulations. I hereby waive (on behalf of myself, my guests and my child/ward) all claims against, and agree to fully release, hold harmless, and indemnify the City of Rye, all sponsors, representatives (including staff/volunteers), from all claims or liabilities of any kind arising out of my membership. I fully understand that there are no refunds and the City of Rye/Rye Municipal Boat Basin is not responsible for any damage(s) to my vessel.

Submission of false information or statements can result in forfeiture of any or all permits without refund of fees paid.

Signature of permit holder: _____Date: _____