

SEASONAL BOAT CHECK IN FORM



Wheeler Landing Inc.
PO Box 1213 600 Marquette Avenue
Bay City, MI 48706
www.wheelerlanding.com
(989) 667-0030

Slip # _____

Date _____

Own

Lease

Name _____

Boat Name _____

Address _____

MC# _____

City _____

Make _____

ST _____ Zip _____

Model _____

Mobile _____

LOA _____ Beam _____

Home _____

Colors _____

Other _____

Email _____

Emergency Contact _____

Phone _____

Family Members Names (using Wheeler Amenities) _____

Vehicle(s)

Year _____ Make _____ Model _____ Plate _____

Year _____ Make _____ Model _____ Plate _____

Boat Insurance Information

Co _____ Policy # _____ Exp _____

You must provide a copy (scan/photo/physical copy) of your insurance policy declaration page along with this form and email to Info@wheelerlanding.com or drop off a printed copy at the Harbor Master's office.

Privacy Clause: Your privacy is important to us. We will not sell your personal information to unauthorized entities or third parties without your consent. Provided you have agreed to this, we may use your personal or other information to send you information on new services or Wheeler Landing events and activities that may be of interest to you. This may include mail, e-mail or SMS information concerning us, our services, or our partners and their products or services. If you do not wish to continue receiving this information you may contact us in writing and we will remove you from our mailing list.