



DATE _____/_____/_____

FARR 40 WORLD CHAMPIONSHIP

BOAT TYPE (PLEASE CHECK ONE): FARR 40 _____ TENDER _____

BOAT NAME _____ SLIP# _____

LENGTH _____ BEAM _____ DRAFT _____ ELEC _____ X _____ AMPS

ARRIVAL DATE _____ DEPARTURE DATE _____

DOCKAGE RATE _____ PLAYER ACCESS# _____

OWNERS NAME _____ CAPT NAME _____

CAPT CELL PHONE _____ CAPT EMAIL _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE () _____ FAX () _____

CREDIT CARD # _____ EXP _____

NAME AS IT APPEARS ON CREDIT CARD _____

EMAIL ADDRESS _____

SPECIAL REQUEST _____

COMMENTS _____

I represent that I am authorized agent for the above vessel and agree to abide by the rules and regulations of the Marina at Atlantis. I further agree to pay all charges associated with dockage of this vessel as well as all charges by any party associated with this vessel.

X _____

CONFIRMATION # _____ CLERK _____ SUG SLIP _____

Please fax back completed dockage reservation forms to Farr International 410-268-1137