

LA CROSSE MUNICIPAL BOAT HARBOR

1500 Joseph Houska Park Dr 400 La Crosse Street (Mailing) La Crosse, Wisconsin 54601 www.cityoflacrosse.org/parks

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Transient Multiple-Slip Facility Agreement

Vessel Owner(s): _____	Boat Name: _____
_____	Email Address: _____
Address: _____	City/State/Zip: _____
Home Phone: _____	Cell Phone: _____
Vessel Make: _____	Vessel Width & Length: _____
Insurance Carrier: _____	DNR Registration #: _____
Insurance Policy #: _____	State of Registration: _____

Vessel Is Owned By (Circle): Individual Partnership Corporation

Agreement Start Date: May 1, 2018 Agreement End Date: October 31, 2018

See Schedule For Slip Fee Structure
Non-residents Charged An Additional 10%
Includes Electricity As Stated In TERMS AND CONDITIONS/RULES

Agreement Amount Due: _____
 Deposit (Min. \$250.00): _____
 Balance (Due April 1, 2018): _____

I agree to be bound by the foregoing Transient Multiple-Slip Agreement. I also acknowledge receipt and agree to be bound by the Fee Schedule, Terms and Conditions/Rules, and Environmental Policies in effect on the date hereof. I have acknowledged insurance on my vessel is current, agree to keep it in force for the duration of this agreement, and have included a copy with this agreement.

Vessel Owner: _____ Date: _____

Office Use Only			
Date Received:		Initial:	

