

**CAP SANTE BOAT HAVEN
PORT OF ANACORTES
P. O. Box 297
Anacortes, WA 98221
(360) 293-0694 FAX: (360) 299-0998**

**MOORAGE WAIT LIST PROCEDURES AND APPLICATION FORM
(--This is a non-liveaboard marina--)**

1. A wait list for each berth length will be compiled, regularly updated, and posted in the Harbor Office. Regular moorage assignments will be made from these lists based on the needs of the Port and seniority dates.
2. **A NON-REFUNDABLE REGISTRATION/ADMINISTRATIVE FEE OF \$40.00 PER CALENDAR YEAR** will be charged and must be renewed on a calendar-year basis. This fee is an administrative fee; it does not apply to moorage and it is non-refundable.
3. Vessels, including all attachments, are required to fit within the length and width of their slip.
4. Wait list applicants may move to another wait list, one time, and maintain their seniority date as long as the move is requested prior to being offered a slip assignment.
5. Once contacted, an applicant has 72 hours to accept or decline the offered moorage. If the applicant cannot be contacted within fifteen (15) days, the listing shall be canceled and applicant will have no further rights to slip assignment under that listing.
6. If an applicant fails to renew the annual wait list registration, the listing shall be canceled.
7. Applicant is responsible for keeping the Port advised of applicant's current address and telephone number and informing the Port, in writing, of any changes in any information on the wait list.
8. It is the applicant's responsibility to provide an emergency contact for use by the marina office in the event that moorage becomes available and the applicant temporarily cannot be reached at the address listed on the application.

PLEASE PRINT

Berth Length Requested: _____ Applicant's Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Make of Boat: _____ Model: _____ Sail or Power (S/P): _____

Vessel Length: _____ Extreme Overall Length (**see reverse side**): _____ Width: _____ Draft: _____

Alternate contact if applicant cannot be reached at the above address and phone numbers:

Alternate's Name: _____

(Please Print)

Address: _____

City State Zip Code

Home Phone: (____) _____ Cell Phone: (____) _____ Work Phone: (____) _____

Applicant acknowledges having read, understands and agrees to comply with the above noted procedures.

Date: _____ Signature _____

FOR PORT USE ONLY:

Date Received: _____ Payment Method: _____ Seniority Date: _____

Slip Offered: _____ Date Offered: _____

Declined: Date Declined: _____ Reason for declining: _____

Accepted: Date of Acceptance: _____ Effective billing date: _____