



Slip Reservations – Guest Dock

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone Number: _____

Name of Boat: _____ CF #: _____

Length of Boat: _____ Type of Boat: _____

Insurance Policy #: _____

Date: _____

Arrival Time: _____

FOR OFFICE USE ONLY

Payment Amount: _____

Payment Date: _____

Payment Method: _____

Processed By: _____

Please email reservation form to marina@smgstockton.com