

BOAT REGISTRATION FORM

FIRST NAME	<input type="text"/>	SURNAME	<input type="text"/>
HOME ADDRESS (inc post code)	<input type="text"/>	LOCAL ADDRESS (inc post code) (if different)	<input type="text"/>
Tel No.	<input type="text"/>	Mobile No.	<input type="text"/>
EMAIL	<input type="text"/>		
EMERGENCY CONTACT	<input type="text"/>	Tel No.	<input type="text"/>
BOAT NAME (All boats must be clearly marked)	<input type="text"/>		
MAKE	<input type="text"/>	VESSEL TYPE	<input type="text"/>
CONSTRUCTION	<input type="text"/>	COLOUR	<input type="text"/>
LENGTH (metres)	<input type="text"/>	BEAM (metres)	<input type="text"/>
DRAFT (metres)	<input type="text"/>	KEEL	<input type="text"/>
ENGINE MAKE	<input type="text"/>	Horse Power	<input type="text"/>
ENGINE TYPE	<input type="text"/>	USAGE	<input type="text"/>
INSURANCE COMPANY (Third Party Liability: min £3,000,000)	<input type="text"/>		
DETAIL WHERE BOAT KEPT: MOORING/PONTOON/BOATYARD/HOME (i.e deep water mooring, Winters Pontoon, Yeowards Foreshore etc.)	<input type="text"/>		
LOCAL AGENT?	<input type="text"/>	Tel No.	<input type="text"/>
SIGNATURE (Type full name if submitting electronically)	<input type="text"/>		

This information will be held by South Hams DC.
It will be used to update Harbour records and will be held securely at all times.

WE NO LONGER ACCEPT PAYMENT BY CHEQUE

PLEASE DEBIT MY CREDIT/DEBIT CARD NUMBER	<input type="text"/>		
CARD TYPE (visa/MC)	<input type="text"/>	EXP DATE	<input type="text"/>
SECURITY CODE	<input type="text"/>	SIGNED	<input type="text"/>

PLEASE EITHER RETURN ELECTRONICALLY BY PRESSING "SUBMIT BY EMAIL" OR "PRINT FORM" AND RETURN
TO: **Harbour Office, Whitestrand, Salcombe, Devon, TQ8 8BU**