



Application for Seasonal Marina Dockage

Date of Application: ____ / ____ / ____

Dockage Application for: Cedar Point Marina Castaway Bay Marina

This form must be fully completed for application to be processed.
Verbal requests for dockage will not be accepted, incomplete applications will be returned.

Owner Information

Boat Owners Name: _____ Boating Experience: _____ years

Co-Owners Name: _____ Boating Experience: _____ years

Address: _____

City / State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____ Business Phone: _____

E-Mail Address: _____

Boat Information

Boat Name: _____ Registration or Documentation Numbers: _____

Manufacturer: _____ Model: _____ Year: _____

Boat Length Overall * _____ Beam: _____ Draft: _____

* Overall length must include swim platforms, bowsprits, pulpits, outboard motors, outdrives or other appendages. Boat length is subject to verification by the Cedar Point Marina which reserves the right to adjust dock assignments or charges accordingly.

Hull Material: _____ Year Purchased: _____ Power or Sail: _____

Dock Preference

Dock Size: _____ Pier: _____ Resident Dock: _____ Express Dock: _____

Port: _____ Starboard: _____ Close In: _____ Middle: _____ End: _____

References & Referrals

Have you ever docked at a Cedar Point Marina before? _____ If yes, what years? _____

Previous Marina: _____ How long? _____

Employer Name: _____ How long? _____

How did you hear about the Cedar Point Marinas? _____

Referred by a current member? _____ Dock Number: _____

Member of any Yacht Clubs or Boating organizations? _____

Dock assignments will begin on or about October 15th each year. Dockage will be assigned by date of application according to space availability, boat length, dock preferences and compatibility. Application for dockage does not assure assignment of a dock during the current season. Applicants refusing docks assigned between October 15th and March 1st will be placed at the end of the list for the next season. Upon acceptance and placement, a current copy of your registration and insurance will be required.

I hereby agree to abide by all laws, rules and regulations. I certify that all information given is true and accurate.

Signature: _____ Date: _____

Return completed application to: **marinainfo@cedarpoint.com**, fax to **419-627-2147** or mail to **Cedar Point Marina, One Cedar Point Drive, Sandusky, OH 44870**