

SEASONAL WAIT LIST FORM

FOR OFFICE USE ONLY DATE STAMP:

FIRST YEAR: \$25
EACH YEAR FOLLOWING: \$25

MR/MR/MS/MISS

FIRST NAME

LAST NAME

WORK PHONE

MOBILE PHONE

LOCAL PHONE

MAILING ADDRESS

STATE

ZIPCODE

SECOND ADDRESS

STATE

ZIPCODE

EMAIL

POWER BOAT

SAIL BOAT

SECOND EMAIL

LENGTH OF BOAT

**PLEASE MAIL THIS FORM TO:
MELISSA SCHROEDER, 319 N LAKE ST. BOYNE CITY, MI 49712
FOR QUESTIONS PLEASE CALL BOYNE CITY HALL AT 231-582-6597**

FOR OFFICE USE ONLY:

AMOUNT PAID:

DATE PAID:

DATE OF FIRST REFUSAL:

DATE OF SECOND REFUSAL:

COMMENTS:

LARGE OR SMALL