

VENETIAN SHORES YACHTING ASSOCIATION, INC
PO BOX 473, ISLAMORADA, FL 33036

MEMBER NAMES: _____

ADDRESS: _____

SLIP NUMBER: _____

LEASE FROM _____ LEASE EXPIRES _____

RENTER'S NAMES: _____

RENTER'S PHONE: _____

RENTER'S EMAIL: _____

MAKE & MODEL OF VESSEL: _____

VESSEL ID NUMBER: _____

VESSEL NAME: _____

VESSEL LENGTH: (MAXIMUM 40' TOTAL ~ MAXIMUM 12' WIDTH) _____

PLEASE EMAIL OR ATTACH COPY OF INSURANCE TO

keys@harbormanagement.us OR MAIL TO PO BOX 473, ISLAMORADA, FL 33036

REALTOR CONTACT NAME AND PHONE NUMBER _____