



**BOAT RACK REGISTRATION FORM**

Fee: \$75.00 (residents) per boat rack \$150.00 (non-residents) per boat rack

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Town: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Boat Description including color: \_\_\_\_\_

Boat Size Length: \_\_\_\_\_ Width (Beam): \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are any special boat accommodations required: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: Complete and return the entire form with your credit card information or a check, payable to the Guilford Parks & Recreation Department. You will then receive confirmation of payment along with your assigned rack number. Incomplete forms will be returned to be completed and will delay your application.

**Terms and Conditions**

1. Racks must be rented from the Guilford Parks and Recreation Department on a seasonal basis.
2. All boats stored at Jacobs Beach must be kept in their assigned boat rack.
3. Permits are non-transferable.
4. Boats are not permitted in the swimming area at Jacobs Beach.
5. All boats must be removed from the boat rack by **Sunday November 1<sup>st</sup>**. Failure to do so will result in a \$75.00 fine, for the 1<sup>st</sup> 2 weeks. A \$50 fine per month will follow until picked up.
6. The Guilford Parks & Recreation Department is not in any way liable for vandalism or damage done to your boat while it is stored at Jacobs Beach.
7. Boat racks are available on a first come, first serve basis. Requests cannot be honored.
8. This provides access to boat racks but does not include access to the beach. A seasonal pass may be purchased for residents or a daily fee can be paid.
9. If a rented rack remains vacant for 30 days, the renter will forfeit the boat rack.
10. Any boat found in violation of any of the above regulations will be subject to immediate removal from the boat racks. Any cost associated with such removal will be at the owner's expense.

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OFFICE USE ONLY: BOAT RACK ASSIGNED #: \_\_\_\_\_

Participants Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Staff Initials: \_\_\_\_\_

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Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card (please print) \_\_\_\_\_ Card Type M/C, VISA, DISCOVER

I authorized the use of this credit card for the above payments.

Signature \_\_\_\_\_

**\*\*Your credit card information will be shredded after payment is processed. \*\***

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