

**SOUTH DOWN BOAT CLUB**  
**2019 BOAT USAGE QUESTIONNAIRE**

Ck # _____ Amt \$ _____ Date _____ (For Office Use Only)
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NAME: \_\_\_\_\_ BERTH/SLIP # \_\_\_\_\_

RESIDENCE MAILING SOUTH DOWN SHORES PHYSICAL  
ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_

\_\_\_\_\_ Email \_\_\_\_\_

TELEPHONE (H) \_\_\_\_\_ (SDS #) \_\_\_\_\_

(W) \_\_\_\_\_ Cell: \_\_\_\_\_

**BOAT INFORMATION\*:**

MAKE/MODEL: \_\_\_\_\_ LENGTH OVERALL: \_\_\_\_\_

HORSEPOWER: \_\_\_\_\_ COLOR: \_\_\_\_\_ NH REGIS #: \_\_\_\_\_

DRY WEIGHT: \_\_\_\_\_ FUEL/WATER CAPACITY \_\_\_\_\_ BEAM WIDTH \_\_\_\_\_

NAME ON BOAT: \_\_\_\_\_

ENGINE INFORMATION: SINGLE [ ] TWIN [ ]

INBOARD [ ] OUTBOARD [ ] INBOARD/OUTBOARD [ ]

**\*NOTE:** Fill out completely so that this information can be added to our database. Make sure to include the NH Registration number. A legible copy of your validated paid 2019 Boat Registration must also be included, as this has to be provided to the Department of Safety Services.  
**PLEASE - DO NOT WRITE "SAME AS LAST YEAR"! THANKS!**

**INSURANCE INFORMATION:**

Attach 2019 Certificate of Insurance naming South Down Boat Club as Certificate Holder.  
You must have Minimum \$300,000 Liability.

<b>2019 FREQUENT USER FEE \$950 - DRY BERTH USERS ONLY</b> <b>PLEASE MAKE CHECK PAYABLE TO SOUTH DOWN BOAT CLUB</b>
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**SOUTH DOWN BOAT CLUB**  
**PO BOX 6019**  
**LACONIA, NEW HAMPSHIRE 03247-6019**  
**PHONE: (603) 527-6169 FAX: (603) 524-0673**

Direct to DOCK MASTERS OFFICE (603) 528-1036

**THIS QUESTIONNAIRE, INSURANCE CERTIFICATE, 2019 BOAT REGISTRATION, WAIVER AND CHECK FOR FEES MUST BE SUBMITTED BEFORE UTILIZING THE FACILITY. THIS WILL BE STRICTLY ENFORCED.**