

CAPITAL CITY BOAT CLUB LTD.

527 BEAVERBROOK COURT, SUITE 161, FREDERICTON, N.B., E3B 1X6 WEB: www.capitalcityboatclub.com, E-MAIL: capitalcityboatclub@gmail.com

REGENT STREET WHARF AND MOORING FACILITY MEMBERSHIP REGISTRATION FORM

REGISTERED OWNER:			_
MAILING ADDRESS:			
		POSTAL CODE: _	
PHONE HOME:	OFFICE:	CELL:	
E-MAIL#1:	E-N	ЛАIL #2:	
CONTACT PERSON:			
INSURANCE CO	POLICY NUMBER:		
BOAT NAME:			
BOAT MAKE/MODEL:			
BOAT LICENSE NUMBE	R:		
BOAT LENGTH:	(bow to pre	<u>(qc</u>	
	W	AIVER	
administrators, and ass nor the City of Frederict person, which may occi hereby irrevocably waiv	sel Owner, on my behalf igns, do hereby acknow ton is in no way respons ur to me, my property or re any right I may have t kking/mooring facilities a	, and on behalf of my heirs, ledge that neither the Capit sible for any loss or damage any person using the Rege to claim damages, actions, of the Regent Street Wharf, it	tal City Boat Club Ltd. e, whether to property or ent Street Wharf, and I or causes of actions by
I will maintain liability in	•		
I acknowledge that doc	• .		
I further acknowledge th	nat any use I and my gu	ests have at the facilities is	at my/our own risk.
Dated at	, this	day of	, 20
Registered Vessel Own	ner Signature:		