Columbia Island Marina

George Washington Memorial Parkway

South Arlington, VA 22202

(202) 347-0173 * Fax (202) 347-3196

cim@guestservices.com * www.guestservices.com

TRANSIENT RESERVATION FORM

Arrival Date: _____ Departure Date: _____

(Fourth of July two nights minimum; forty-eight hour notice of cancellation.)

Vessel Name: _____

Vessel Make: _____ Vessel Model:_____ Year: _____

Length: _____ Beam: _____ Electrical Requirements: 30 Amp _____ 50 Amp _____

Registration or Documentation Number: _____

Name:

_____

E-mail Address: _____

Street Address: _____

_____

Day Phone: _____ Evening Phone: _____

Cellular Phone: _____ Fax #: _____

Preferred Method of contact: Day Phone: ____ Evening Phone: ____ E-mail: _____ Cell: _____

CUSTOMER MUST PROVIDE A COPY OF INSURANCE AND REGISTRATION PRIOR TO, OR AT SIGN IN TIME

CIM Staff Person Completing Form: _____ Assigned Slip: _____

PLEASE CHECK IN AT GAS DOCK UPON ARRIVAL