

## SKYLAUNCH CONTRACT RENEWAL FORM

*All requested information is required:				
LAST NAME (please print):		FIRST NAM	FIRST NAME:	
Address:				
City:	State:	ZIP:		
Home Telephone:	Work Telepho	ne:	Mobile:	
E-MAIL ADDRESS:				
Boat Make:		Trailer Make:		
Boat Model:				
H.I.N. #:	Trailer Color		<del></del>	
Boat Registration: WN_		License Plate:		
Boat Year:		Trailer Serial #: _		
Boat Color:				
		Boat Rate:		
		Trailer Rate (if ap	ppl.):	
		Total Lease Amo	ount:	
☐ By selecting this checkbox, I agree rear. New Contract Termination Dat	•	narina lease agreem	ent for the 2019-2020	
Please also review the following, four	nd under <u>http://www</u>	.seattleboat.com/sk	ylaunchmarinas.htm	
<ol> <li>The 2019-2020 Lease Agreement</li> <li>2019-2020 year Marina Rates</li> <li>TENANT agrees to maintain in Additional Insured. See Lease A</li> </ol>			ty and names Seattle Boat Co. as	
Customer Signature		Date		
SLIP #:	TRAILER LOCATION:			