



Vessel Registration Form
Rendezvous Dates: October 20~21~22, 2017

Vessel Name: _____

Hailing Port: _____

Year: _____ Make: _____ Model: _____

LOA: _____ Beam: _____ Draft: _____

Type Fuel: Diesel Gasoline # Capt. & Crew: _____ # Passengers _____

Arrival Date: _____ Departure Date: _____

Captain's Name: _____

Mailing Address: _____

Cell phone: _____ E-mail Address: _____

Website: _____

Will you permit public access to your boat? Yes _____ No _____

If yes, please provide a Certificate of Insurance

Charge for dockside tour _____ Charge for day sail _____

Will you be bringing a charter to the weekend? Yes _____ No _____

Would you like to make a donation? Yes _____ Amount _____

Special needs and/or suggestions: _____

Questions or Suggestions? Please call or email:

Jim Davis, Past Commodore
ASA Mid-Atlantic Chapter
Email: a30240@earthlink.net
Phone: 410-245-9687

Please complete form and mail or e-mail along with a Certificate of Insurance to:

Jane Devlin
Richardson Maritime Museum
P O Box 1198
Cambridge, MD 21613
410-221-1871 (daytime); email: info@richardsonmuseum.org