

Date reservation was taken: _____

**Coasters Harbor Island Marina
Naval Station Newport
Transient Berthing Form**

Captain's Name: _____ Phone Number: _____

Rank: _____ Email: _____

Address: _____

Sponsor: _____ Active Retired Veteran DoD

Boat's Name: _____ Registration Number: _____

Length: _____ Beam: _____ Draft: _____ Insurance: YES NO

Arrival Date: _____ Departure Date: _____

Special Requirements: _____

Patron Certification

I hereby certified that:

1. I am the owner of the boat described above.
2. I will abide by all marina regulations.
3. My insurance policy meets the minimum established by the Department of Navy and/or state of locality where the vessel is operated.
4. I further understand that the government has no liability for the loss or damage attributed to negligence of employees on official duty.
5. No refunds will be issued for leaving prior to the departure date stated on this form.
6. The insurance policy and registration of the boat are under my name.

Signature: _____ Date: _____

TO BE FILLED OUT BY MARINA PERSONNEL

Received By: _____ Price: _____ Location: _____

Please email form to: MWRNAVYMARINANPT@US.NAVY.MIL