



Bayport Marina Boater Emergency Contact

Boaters Names: _____

Year: _____ Primary Phone Number: _____

Primary Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Secondary Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Boater Primary Vehicle Information

Make: _____ Model: _____ Color: _____

License Plate Number: _____

Make: _____ Model: _____ Color: _____

License Plate Number: _____

**Please add any additional vehicles to the back of this paper or email Kori/Ellsa with information

This information will only be accessible to Kori & Ellsa and will only be accessed on a need-be basis.