



**SLIP/BERTH RENTAL APPLICATION**

**JONES VALLEY RESORT**

22300 Jones Valley Marina Drive Redding, CA 96003  
 Phone: 530.275.7950 Fax: 530.275.2392  
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**APPLICANT INFORMATION**

NAME			DATE		
ADDRESS			ZIP		
PH.# ( )	CELL ( )	DRIVER'S LIC. #			
E-MAIL		SOC. SEC. #			
EMPLOYER		POSITION	HOW LONG		
ADDRESS			PH.# ( )		
SPOUSE		PH.# ( )	CELL ( )		
ANY PARTNERS IN THIS VESSEL?		LIST NAME/ADDRESS			
PARTNER		PH.# ( )	CELL ( )		
PARTNER		PH.# ( )	CELL ( )		

**VESSEL INFORMATION**

VESSEL LIENHOLDER				PH.# ( )	
ADDRESS					
VESSEL NAME				CF#	
VESSEL MAKE OR DESIGN				YEAR BUILT	
VESSEL DIMENSIONS	LENGTH	BEAM	DRAFT	POWER	SAIL
INSURANCE CO / AGENT			POL.#	EXP DATE	
ADDRESS				PH.# ( )	
PRESENT / PREVIOUS BERTH LOCATION					
REASON FOR LEAVING					

**REFERENCE INFORMATION**

BANK REFERENCE			BRANCH		
ACC #	BANK CARD	CC#	EXP DATE		
BUSINESS REFERENCE			PH.# ( )		
PERSONAL REFERENCE			PH.# ( )		

**THIS APPLICATION MUST BE ACCOMPANIED BY:**

- 1 A COPY OF CURRENT REGISTRATION
- 2 PROOF OF INSURANCE WITH MINIMUM \$500,000 PROTECTION AND INDEMNITY COVERAGE  
 UPON RENTAL OF SLIP, JONES VALLEY RESORT AND U.S. GOVERNMENT SHALL BE LISTED AS ADDITIONALLY INSURED
- 3 A RECENT DATED PHOTOGRAPH OF THE VESSEL - PREFERABLY A BROADSIDE VIEW

ALL APPLICANTS MUST SIGN BELOW. THE INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT.  
 I (WE) HEREBY AUTHORIZE JONES VALLEY RESORT OR ITS AGENTS TO VERIFY ANY OF THE ABOVE INFORMATION.  
 ALL INFORMATION IS CONFIDENTIAL.

SIGNATURE	DATE
SIGNATURE	DATE