

# Columbia Island Marina

George Washington Memorial Parkway

South Arlington, VA 22202

(202) 347-0173 \* Fax (202) 347-3196

[cim@guestservices.com](mailto:cim@guestservices.com) \* [www.guestservices.com](http://www.guestservices.com)



## TRANSIENT RESERVATION FORM

Arrival Date: \_\_\_\_\_ Departure Date: \_\_\_\_\_

(Fourth of July two nights minimum; forty-eight hour notice of cancellation.)

Vessel Name: \_\_\_\_\_

Vessel Make: \_\_\_\_\_ Vessel Model: \_\_\_\_\_ Year: \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Electrical Requirements: 30 Amp \_\_\_\_\_ 50 Amp \_\_\_\_\_

Registration or Documentation Number: \_\_\_\_\_

**Name:**

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cellular Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

Preferred Method of contact: Day Phone: \_\_\_\_ Evening Phone: \_\_\_\_ E-mail: \_\_\_\_ Cell: \_\_\_\_

**CUSTOMER MUST PROVIDE A COPY OF INSURANCE AND REGISTRATION  
PRIOR TO, OR AT SIGN IN TIME**

CIM Staff Person Completing Form: \_\_\_\_\_ Assigned Slip: \_\_\_\_\_

**PLEASE CHECK IN AT GAS DOCK UPON ARRIVAL**