



TOWBOAT CHECK IN / CHECK OUT

This form should be completed by the Chief Driver or Event Organizer

BOAT INFORMATION:

BOAT NUMBER: _____

Manufacturer _____ Model of Towboat _____
 Hull ID # _____ Boat Color _____
 Engine Size _____ Prop Type _____ Prop Size _____
 Zero Off Version (complete number) _____
 Trailer VIN# _____ Trailer License _____
 Can Boat be used for Practice? YES _____ NO _____ Video Chip #: _____

BOAT OWNER INFORMATION:

Name of Boat Owner: _____ Owner Contact Cell #: (____) _____
 Email Address: _____ Rep Contact Cell #: (____) _____

BOAT INSURANCE INFORMATION:

Name of Insurance Carrier: _____ Policy #: _____

Effective Date of Boat Policy: ____/____/____
 Policy must have \$500,000 minimum liability coverage

Expiration Date of Boat Policy: ____/____/____
 Is USA Water Ski listed as an Additional Insured? YES

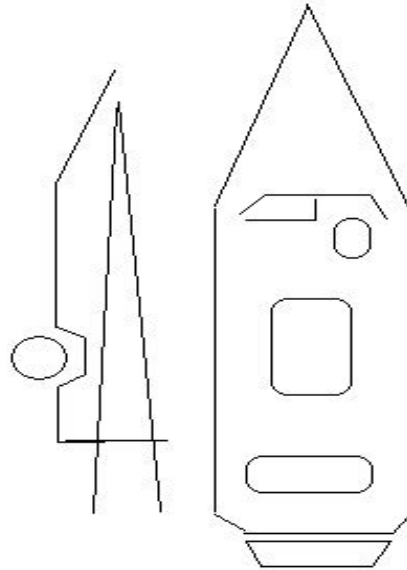
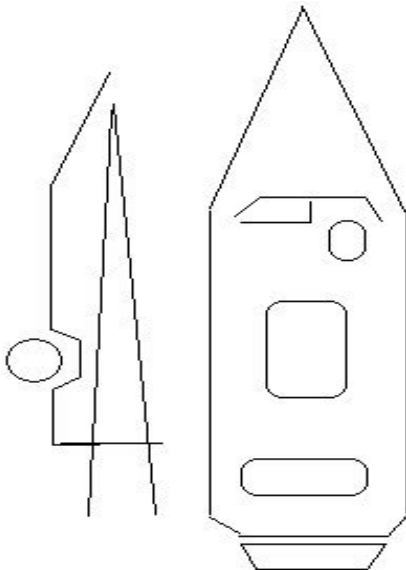
ARRIVAL INFORMATION:

Name of Person Checking Boat: _____
 Date: _____ Time: _____
 Boat Hours: _____ Fuel: 1/4 1/2 3/4 Full
 Oil Level: _____
 Transmission Fluid: _____
 Jump Switch: Yes No Jump Switch Cover: Y / N
 Boat Cover: Yes No
 Bimini: Yes No Bimini Case: Yes No
 Fire Extinguisher: Yes No
 Throw Cushion: Yes ____ (#) No ____
 PFD: Yes ____ (#) No ____
 Rudder Condition: _____
 Propeller Condition: _____

DEPARTURE INFORMATION:

Name of Person Checking Boat: _____
 Date: _____ Time: _____
 Boat Hours: _____ Fuel: 1/4 1/2 3/4 Full
 Oil Level: _____
 Transmission Fluid: _____
 Jump Switch: Yes No Jump Switch Cover: Y / N
 Boat Cover: Yes No
 Bimini: Yes No Bimini Case: Yes No
 Fire Extinguisher: Yes No
 Throw Cushion: Yes ____ (#) No ____
 PFD: Yes ____ (#) No ____
 Rudder Condition: _____
 Propeller Condition: _____

PLEASE MARK BELOW or ON BACK TO EXPLAIN ISSUE(S)



Signature of Owner or Rep: _____

Signature of Owner or Rep: _____