

Port of Friday Harbor

Group/Yacht Club Reservation Form

Club Name _____

Total Number of Boats: _____ Dates Requested _____ to _____

Cruise Captain/Contact: _____ Travel Phone _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Home Phone: _____

*Length of Vessel needs to be Overall Vessel length, please include anything hanging off the front and back of the vessel.

	Boat Name	Length	Skippers Name	Power	Notes
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2					
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Port of Friday Harbor

Group/Yacht Club Reservation Form

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Please return this to jeremyt@portfridayharbor.org or fax to (360)378-6114 one week prior to your arrival.