## **RESIDENT REGISTRATION**

Unit:	Circle: Resider	it Owne	er/Non-Resident Own	ıer/Rer
Name:				
Home:	Work:		Cell:	
Name:				
Home:	Work:		Cell:	
Email:				
Name:				
Home phone: _	Work	ζ:	Cell:	
Children:				
Name:		_ Age: _		
		_		
Name:		_ Age: _		
Rental Agent: _			_ Phone:	
			Company:	
Emergency cor	ntact:		Phone:	
Relationship: _	Email add	lress:		
Non-Resident (	Owner: Address:			
Vehicle Regist	tration:			
Make/Model: _		Color:	License:	
Make/Model: _		_Color:	License:	
Make/Model		Color	Liconso	

Office: 808-235-4416

Email: manager@mkmarina.org

Pet Registration	:	
Breed:	Gender: M or F	
Color:		
	Microchip #	
	Gender: M or F	
Collar tag #	Microchip #	
Conar tag #	Microcinp #	
Boat Registratio	n:	
Name:	Type: Sail or Powe Color: Hull I.D. #	r
Size:	Color:	
State Reg./Doc.#	Hull I.D. #	
Insurance Compa	ny: Policy #	
<b>Emergency Conta</b>		
Name:	Phone #	
Gate Access Trai	nsmitter/Fob/Card Number	S:
	nation: (Optional) pecial Needs, Occupation, etc.)	
The undersigned to comply with th	•	Makani Kai Marina House Rules and agrees
Signature:	Print:	
<u></u>		
Signature:	Print:	
Date:	-	
Move in date:		

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