

Taste of Collier & Bayfront Boat Show

May 1, 2011



Business Name _____

Address _____ Tel _____ Fax _____

Contact person _____

Contact Cell _____

E-mail _____

WET SLIPS: \$250.00 each: Total needed: _____ (If more than 7, please let us know.)

Length _____ Beam _____ Manufacturer _____

Length _____ Beam _____ Manufacturer _____

Length _____ Beam _____ Manufacturer _____

Length _____ Beam _____ Manufacturer _____

Length _____ Beam _____ Manufacturer _____

Length _____ Beam _____ Manufacturer _____

Length _____ Beam _____ Manufacturer _____

TOTAL AMOUNT FOR ALL SPACES: _____

Signature: _____ Date: _____

Please E-mail or FAX application to:
E-mail: director@miacc.org FAX: 239-236-9000