

APPLICATION FOR PERMIT TO LAUNCH IN ILFRACOMBE HARBOUR

Name _____

Address _____

_____ Post Code _____

E-mail _____

Tel. No. (Home) _____ (Work) _____

POWERED PW CRAFT UNPOWERED

Craft /Vessel Make:

Craft/Vessel Model:

Name:

Colour:

Insured: Yes No

Signature _____ Date _____

Captain Georgina Carlo-Paat, Harbour Master