

LAKESHORE STATE PARK
500 NORTH HARBOR DRIVE, MILWAUKEE WI. 53202
414. 274.4281
RONALD.NOVAK@WISCONSIN.GOV

**OVERNIGHT
TRANSIENT BOATER RESERVATION FORM**

DATE OF CALL __ E-MAIL __ TIME _____ EMPLOYEE NAME _____

BOATERS LAST NAME _____ FIRST NAME _____

ARRIVAL DATE _____ 3:00 PM DEPARTURE DATE _____ 1:00 PM

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE # _____

OVERALL LENGTH _____ X \$1.50@ FT X _____ # NIGHTS = FEE \$ _____

MANUFACTURER _____ BOAT NAME _____

SLIP # _____

VISA MCCARD # _____

EXPIR. DATE (MMYY) _____ CVC # _____

NOTES _____

In consideration of the issuance of the permit to me, I hereby agree to comply with all applicable statutes, ordinances, rules and regulations of the United States of America, City, and County of Milwaukee, Wisconsin Department of Natural Resources\Bureau of Parks and Recreation and Lakeshore State Park, and that failure upon my part to do so shall constitute sufficient cause for the revocation of said permit. I agree that, in the event that my vessel is located in such a manner as to interfere with the operation of Lakeshore State Park and/or its marina the Park Superintendent or his designee shall have permission and authority to move such vessel and shall not be liable for any damage to said vessel or property. In consideration of the issuance of the permit and rental of said space me, I hereby release Wisconsin Department of Natural Resources\Bureau of Parks and Recreation and Lakeshore State Park, from any claim for personal loss, injury, damage or theft.

**ALL BOAT OWNERS AND GUESTS MUST REMAIN ON THEIR BOAT
AND/OR ADJOINING SLIP DURING ALL FIREWORKS EVENTS - 9:00 PM
UNTILL FINALE.
YOU AND YOU ALONE ARE RESPONSIBLE FOR THE
SAFETY OF YOUR VESSEL.**

TRANSIENT SIGNATURE _____ DATE _____