

SPESUTIE ISLAND BOAT OPERATION (SIBO)

PATRONAGE APPLICATION

INSTRUCTIONS:

1. **Important:** If you don't provide all information and you don't provide a stamped self-addressed envelope your application will not be processed.
2. **Proof of Insurance.** Provide a copy of your boat insurance papers. Please highlight what boat is covered, the amount of coverage, and when the coverage ends. If your insurance comes up for renewal after the start of the season, that is OK because not everyone runs out at the same time. However, you must renew your insurance when due. As stated in the SOP, you must have insurance.
3. **Boat Registration.** Provide a copy of your boat registration card for the year that is being applied for. The card is titled "STATE OF MARYLAND CERTIFICATE OF BOAT NUMBER."
4. **Eligibility.** A photocopy of ID certifying eligibility must be provided.
5. **Current Address and Phone Numbers.** Up-to-date addresses and phone numbers must be provided and updated immediately upon any change.
6. **Return of Documents.** The Boat Operation will destroy all copies of documents you provide unless you ask us to return them. If you want your copies returned make sure the size of your self-addressed envelope will hold everything.
7. **Late Renewal.** Everyone must renew membership no later than 1 January 2001. A late renewal fee will be \$1.00 per boat-foot for anyone who was a member in 2000. If SIBO receives your renewal after 1 January 2001, regardless of where your boat is located, you will be charged a late renewal fee.
8. **Yearly Patronage Requirements and Basis for Renewal.** A minimum of 8 hours work and assigned security watches.

9. Signature. After you have filled out the application, please be sure to sign on page 4.

NAME (Last, First): _____ Rank/Title _____

Home Address: _____ Phone: H: _____
_____ W: _____

Unit/Organization _____ E-Mail _____

Status/Eligibility (Check One):

- Active Duty APG Retired US Military USAR/ARNG Full Time
 - DOD Civilian DOD Civilian (Retired) Multi-Year Contractor
- (see AR 215-2. para 2.7 for eligibility)

Eligible Dependents: (spouse. children - give ages for children)

Name: _____	Relationship _____	Age _____
_____	_____	_____
_____	_____	_____

Boat: Sail Power Other

Length overall: (.5 ft of more - round up) _____ft Draft: _____

Boat Name: _____ Hull # _____

Boat Registration # _____ Trailer License # _____YR _____

Dinghies Stored at SIBO Hull # _____

Fees: Fees must be paid for each boat used at SIBO. A portion of your fees will be used to provide lunches at the work session.

Moored \$10.00 x _____ feet = \$ _____

Parking \$7.00 x _____ feet = \$ _____
(Minimum cost of parking space based on a 15' boat)

Ramp Only \$6.50 X _____ feet = \$ _____

One-time Key Fee for NEW PATRON \$5.00 \$ _____
(non-refundable)

Late Fees \$1.00 X _____ feet = \$ _____

Social Member \$30.00 plus key fee of 85.00 \$ _____
for new patron

TOTAL FEES (Checks Payable to IMWRF/SIBO) \$ _____

Half Season Rate: Half price on all fees except key fees. Patrons leaving on/before July 31. or patrons joining on/after August 1.

WE NEED HELP!

Do you have skills/tools/trades/administration/available day time?

Don't forget to read and sign the next page.

Thank You.

Questions Call:

SUBMIT APPLICATIONS TO:

Jeff Lukas
410-272-0586

Mr. J. Lukas
2310 Sherwood Lane
Havre de Grace. MD 21078

The information provided on this application (both sides) is complete and accurate. I understand and agree to abide by the regulation that applies to each type of patronage, as specified in the SIBO guidelines and SOP. The information contained on this form may be used by the SIBO as required for the operation of the facility for mailings, and to contact me concerning the business of SIBO or safety of my boat or personal property.

I will participate in SIBO activities to include performing at least eight hours of work per calendar year, serving assigned watches, and attending formal work sessions. I understand that only authorized dependents, as listed above, are eligible to use SIBO facilities without my presence. All others will be accompanied by me as my guest as detailed in the SOP guidelines.

SIGNATURE _____ DATE _____
(Patron)

SIGNATURE _____ DATE _____
(Advisory Board Member)

STATEMENT OF RELEASE

I, the undersigned, understand that the SIBO indoor/outdoor boat storage facilities or moorings are provided as a convenience to eligible users. I further understand that boats and other personal property stored at the SIBO storage facilities are not covered by the Civilian and Military Personnel Claims Act (Title 31, US Code Sec 3721), and losses due to theft, vandalism, fire, flood, hurricane, or other unusual occurrence during storage will not be considered incident to service. I further understand and agree that the US Government, The APG IMMRF, AND THE Spesutie Island Boat Operation will not compensate the owner for any loss or damage to boats and other personal property stored at the SIBO indoor/outdoor boat storage facilities or moorings. I acknowledge that I have been advised to obtain private insurance to cover any loss or damage that may occur while my property is in storage or on mooring. I further, intending to be legally bound, thereby waive, for myself, my heirs, executor, and administrations, any and all rights and claims for damages, demands, and other action whatsoever, which I may have against the US Government, the US Army, the Spesutie Island Boating Operation, and all individuals associated with planning, conducting, and supporting the SIBO indoor/outdoor boat storage or mooring. I furthermore verify that I have full knowledge of the hazards associated with indoor/outdoor boat storage or mooring, and I hereby, by my signature, acknowledge reading and understanding these clauses.

SIGNATURE: _____ DATE _____

DATA REQUIRED BY THE PRIVACY ACT OF 1974 (U.S.C. 552a) Authority: 5 USC 301.
Principle Purpose(s): To provide contact with members in case of emergency.
Routine Uses: Used by Boat Activity personnel to contact patrons in case of fire or security reasons. Mandatory/Voluntary Disclosure: Voluntary - Failure to provide information could result in your application not being processed.