AIM_logo_E (2)2016 Launch and Commissioning Request

***Please do not use the “enter” key when filling out form!!***

Name

BOAT NAME

EMAIL

SAIL  POWER  COMBO

KEY?  Key Location?

PHONE (W)     (CELL)     (HOME)

***Please select one of the following 2 launch scheduling options:***

OWNER WILL NOT BE PRESENT AT LAUNCH

Launch anytime after       but before

OWNER WILL BE PRESENT AT LAUNCH

**LAUNCHING AVAILABLE MONDAY THROUGH FRIDAYS 8:30 – 3:00, SATURDAYS MAY 7th , 14TH,  and the 21st.**

1st Choice Date       Approx Time **(**Marina will call only if 1st choice is not available)

2nd Choice Date       Approx Time

**Please call ASAP if you will be late or cannot make your scheduled date or time**

**REQUESTED SERVICES Optional service work will be billed at $90.00 (wax and cleaning $55.00) / hr.**

***Please indicate with an (X) any service you wish Apostle Islands Marina to perform***

LAUNCH WITHOUT OWNER PRESENT AND MOVE TO SLIP

STEP MAST

**HULL PLUGS and / or TRANSDUCERS**

INSTALL HULL PLUG(S) # of plugs?    / TRANSDUCERS

**CLEANING AND MISCELLANEOUS PRE LAUNCH**

REMOVE SHRINK WRAP / TARP

SAND AND PAINT BOTTOM

CLEAN AND WAX HULL (Compound if necessary)

PRESSURE WASH DECKS / CABIN TOP AND SIDES (Done after launch)

CLEAN AND WAX DECK AREAS / CABIN / COCKPIT

**MECHANICAL SERVICES**

CONNECT AND SERVICE BATTERIES (check water and fill, clean and grease terminals)

COMMISSION ENGINE (Includes connect and service batteries, check all engine and transmission fluids, inspect hoses, belts, fuel lines, visual inspection of all nuts, bolts, electrical connections, starter, alt, coupling bolts and set screws, shaft, cutlass bearing.

CHECK ENGINE / SHAFT ALIGNMENT

TUNE UP ENGINE(S)

SERVICE IO UNIT(S),  CHECK or  CHANGE DRIVE FLUID. CHECK BELLOWS

REMOVE IO UNIT(S) GREASE GIMBEL BEARING AND SPLINES

**MISCELLANEOUS SERVICE**

COMMISSION AND FLUSH WATER SYSTEM

COMMISSION HEAD(S)

BEND ON SAILS

INSTALL BIMINI / DODGER / CANVAS

**ADDITIONAL ITEMS OR NOTES:**

MARINA USE ONLY

Received Scheduled Y / N Dockage paid Y / N Insurance form Y / N

NOTES