



2019 Launch and Commissioning Request

NAME _____
 BOAT NAME _____ SAIL _____ POWER _____ COMBO _____
 EMAIL _____ KEY? Y / N 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 11TH and 18th until noon.
 1st Choice Date _____ Time _____ (Marina will call only if 1st choice is not available)
 2nd Choice Date _____ 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 \$95.00/ hr. (wax and cleaning \$60.00 / 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
 ____ CHANGE FUEL FILTERS
 ____ 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 _____