



TOWBOAT CHECK IN / CHECK OUT

This form should be completed by the Chief Driver or Event Organizer (Rev: 4/2021)

BOAT INFORMATION:

BOAT NUMBER: _____

Manufacturer _____ Model of Towboat _____

Hull ID # _____ Boat Color _____

Engine Size _____ Prop Type _____ Prop Size _____

Zero Off Version (complete number) _____ Set Jump Counter Cut Time @1.80 Secs YES / NO

Trailer VIN# _____ Trailer License _____

Can Boat be used for Practice? YES _____ NO _____ Video Chip #: _____

BOAT OWNER INFORMATION:

Name of Boat Owner: _____ Owner Contact Cell #: (____) _____

Email Address: _____ Rep Contact Cell #: (____) _____

BOAT INSURANCE INFORMATION:

Name of Insurance Carrier: _____ Policy #: _____

Effective Date of Boat Policy: ____/____/____

Policy must have \$500,000 minimum liability coverage

Expiration Date of Boat Policy: ____/____/____

Is USA Water Ski listed as an Additional Insured? YES

ARRIVAL INFORMATION:

Name of Person Checking Boat: _____

Date: _____

Time: _____

Boat Hours: _____

Fuel: 1/4 1/2 3/4 Full

Oil Level: _____

Transmission Fluid: _____

Jump Switch: Yes No

Jump Switch Cover: Y / N

Boat Cover: Yes No

Bimini: Yes No

Bimini Case: Yes No

Fire Extinguisher: Yes No

Throw Cushion: Yes____(#) No PFD:

Yes____(#) No Rudder

Condition: _____ Propeller Condition: _____

DEPARTURE INFORMATION:

Name of Person Checking Boat: _____

Date: _____

Time: _____

Boat Hours: _____

Fuel: 1/4 1/2 3/4 Full

Oil Level: _____

Transmission Fluid: _____

Jump Switch: Yes No

Jump Switch Cover: Y / N

Boat Cover: Yes No

Bimini: Yes No

Bimini Case: Yes No

Fire Extinguisher: Yes No

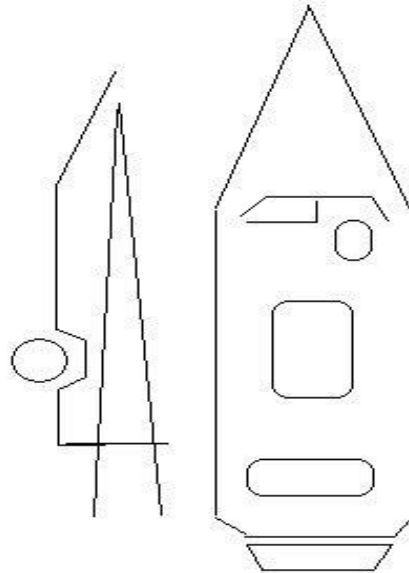
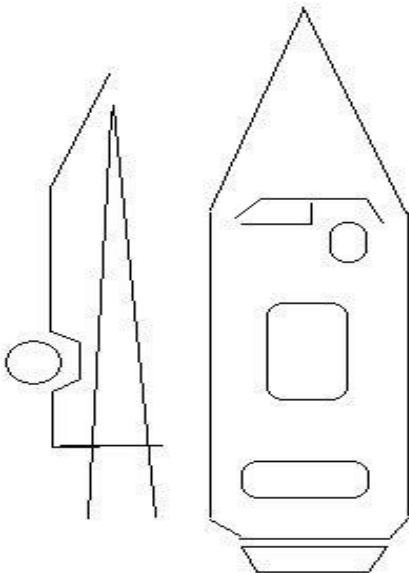
Throw Cushion: Yes____(#) No _____

PFD: Yes____(#) No _____

Rudder Condition: _____

Propeller Condition: _____

PLEASE MARK BELOW or ON BACK TO EXPLAIN ISSUE(S)



Signature of Owner or Rep: _____

Signature of Owner or Rep: _____