



Transient/Overnight Guest Application

Please complete this form and return by US mail, e-mail or fax to:

Hyatt Regency Mission Bay Spa & Marina
1441 Quivira Road, San Diego, CA 92109
Direct: 619.221.4858 Fax: 619.224.0348
Email: joseph.davis@hyatt.com

- Name of Vessel's Owner: First _____ Last _____
- Address: _____ City _____
State: _____ Zip _____ **(NO P.O Boxes can be used)**
- Phone numbers: HM () _____ - _____
Cell () _____ - _____
- E-mail address: _____
- Name of vessel: _____
- Cal. DMV CF # _____
- Federal Document # _____
- Make of vessel: _____
- Year of vessel: _____
- Full Overall length: _____ (from bow-pulpit edge to swim step or stern edge)
- Beam: _____ Draft: _____ Power: _____ Single or Twin Screw: _____
- Gas or Diesel: _____ Sail: _____ Inboard or Outboard: _____
- Insurance Company: _____ # () _____ - _____
Policy # _____ Coverage Amount: _____
- Current location of vessel: Marina's Name _____
Marina Manager _____ # () _____ - _____
- Arrival Date: _____ Estimated Time of Arrival _____ Departure _____

Once the Marina office has received this information and (2) Pictures of the vessel, we will start processing your application.

Date: _____ Slip Assignment _____ Marina Manager: _____
Rate Per Night: \$ _____ Number of Keys _____ Front Desk Agent: _____