



Put In Cove Marina

7625 Biddulph Street
Port Franks, Ontario
NOM 2L0

Email: joel@putincovemarina.com

Office: (519) 243-0700

Cell: (519) 476-7316

Seasonal Dockage Reservation/Deposit Form

Name: _____
Address: _____
Email: _____
Contact Phone: _____
Boat Make & Model: _____
Length: _____
Beam: _____
(Check One) Serviced: Non-Serviced:
Insurance Company
& Policy Number: _____

Note: Proof of insurance is a mandatory item.

A \$ 300.00 non-refundable deposit is required by December 15th in order to reserve a dock for the upcoming season with the balance due no later than April 15th.

If you would like to make 3 equal payments, please check this box and an invoice will be sent out to you upon receipt of this form. First payment will be due December 15th.

Dockage cannot be guaranteed unless this form along with the minimum \$ 300 deposit has been received by December 15th.

I have read and agree to these terms:

Name: _____

Signature: _____

Accepted by:

Put In Cove Marina

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