Port Perry Marina 905-985-3236

2024 Dock Slip Request form

Name:		Em	nail:			
Address:			City:			
Postal Code:			Phone Number:			
Boat Make:	Length:	Mo	odel:	Reg	g. #:	
Motor Make:			Model & Cylinders:			
Boat Length overall (inclu	ding motor and s	wim platform):				
Insurance Company:			Policy Number:			
Trailer Storage: Y/N Trailer Make:			Reg/License #:			
Slip # Requested (Please give 3 options in order of prefe			erence): Slip Location Code:			
Discount Options (**Only available for full paymen Check/e-transfer OR Credit Card [10% discount 8% discount		redit Card 🗌	2024 Trailer Storage: \$ Subtotal: \$ Taxes: \$ Total: \$ Discount Amount: \$ - Total: \$			
Payment Options (Select Payment in full before Dec O Payment in 4 equal install Installment payments (div Payment method (Please Check(s) enclosed	cember 1 st DeR ments on Dec 15 ^t ide total by 4) \$		5 th and March 15 th			
Credit card $\Box - V/M$	Card #:			Exp:	CVV#:	
e-transfer to info@portper By signing below I agree to deposits, and no refunds for	to the rental of a s				4. I accept there are no refurce coverage for my boat.	nds of
Signature:		_	Date	»:		