



Marina Booking Form

(Please complete all fields)

Clients Name: _____

Mailing Address: _____

_____ **State:** _____ **Postcode:** _____

Mobile: _____ **Home Ph:** _____ **Email:** _____

Vessel Name: _____ **Vessel Registration:** _____

Vessel Type: _____ **Vessel Length Overall:** _____ **Draft:** _____ **Beam:** _____

Required Dates In: _____ **Out:** _____

Special Requests: _____

Vessel Insurer*: _____ **Policy No:** _____ **Public Liability:** _____

*Your vessel insurance must be provided to the marina office on arrival stating \$20 million public liability

Required Fields

Credit Card Details: Visa Master Card Amex (all cards have a service fee)

Card Number : _ _ _ _ / _ _ _ _ / _ _ _ _ / _ _ _ _ **Expiry Date:** _ _ / _ _

Name On Card: _____ **CNV Code:** _ _ _
(Found on back of card in white section, last 3 digits)

Note - Please be aware that there is a 50% Cancellation Fee

Office Use only

Client created in MMS Y/N **Entered By:** _____

Vessel created in MMS Y/N **Date Entered:** _____

Berth Allocated: _____

Swipe Card issued Y/N **Swipe Card No:** _____ **Deposit held** Y/N **Cash** Y/N **CC** Y/N **Other:** _____

