

Assigned slip #(s): _____

Pier: _____ Slip #: _____

Visitor Dockage Reservation Application

I/WE, THE UNDERSIGNED, HEREBY MAKE APPLICATION TO HARBOURFRONT CENTRE TO DOCK THE VESSEL NAMED BELOW WITHIN THE SUMMER SEASON: (May 1–October 15) AT: JOHN QUAY MARINA QUAY WEST

ARRIVAL DATE: _____ ESTIMATED TIME OF ARRIVAL _____ (circle) am, pm
 DEPARTURE DATE: _____ ESTIMATED TIME OF DEPARTURE _____ am, pm

CHECK OUT TIME IS 11:00 A.M. ON DEPARTURE DATE

OWNER'S INFORMATION:

NAME OF VESSEL OWNER(S) _____ NAME OF APPLICANT(S): _____

CAPTAIN'S NAME _____

OWNER'S ADDRESS-STREET _____

CITY & PROVINCE/STATE: _____

POSTAL CODE/ZIP CODE: _____ TELEPHONE NO.: _____

E-MAIL ADDRESS _____ home _____ business _____

DOCKSIDE TELEPHONE: _____ CELLULAR NO.: _____ FAX NO.: _____

VESSEL NAME: _____ MANUFACTURER: _____ HULL COLOUR(S): _____

DESCRIPTION: _____ POWER: _____ SAIL: _____ SINGLE: _____ TWIN: _____

MEASUREMENTS (LENGTH OVERALL INCLUDING ATTACHEHD DINGHIES, PWC'S, DAVITS, BOWSPRITS AND SWIM PLATFORMS):

LENGTH: _____ FT. _____ IN. BEAM: _____ FT. _____ IN. DRAFT: _____ FT. _____ IN.

PROV. OR STATE VESSEL LICENCE NO. (ie. ON or NY...) OR OFFICIALLY REGISTERD NAME AND NUMBER: _____

INSURANCE AMOUNTS/LIMITS POLICY No.: EXPIRY: _____

1. HULL AND DMACHINERY \$ _____

2. PROTECTION AND INDEMNITY \$ _____

INSURANCE COMPANY NAME(S): _____

NOTE: APPLICANTS SEEKING MONTHLY DOCKAGE MUST SUBMIT A CERTIFIED COPY OF INSURANCE CERTIFICATES PRIOR TO THE VESSEL'S ARRIVAL

ELECTRICAL SERVICES (PLEASE CHECK AND DESCRIBE REQUIREMENTS):

1. SHORE POWER 110V-15 AMP.: _____

2. SHORE POWER 110V-30 AMP.: _____

3. SHORE POWER 125V-50 AMP. (No. OF OUTLETS DESIRED): AVAILABLE ON PROMENADE AREAS ONLY). _____

