



# Kingston Marina 2009 Summer Slip Rental Agreement

Please complete this application and return it to Kingston Marina along with payment in full by cheque, Visa, MasterCard or Amex. All returning dock tenants have the right of first refusal for a slip if their payment is received by **April 3<sup>th</sup>, 2009**. We will attempt but cannot guarantee placement. Payments are 100% refundable should space not be available. **As you are aware, all marina summer and winter contracts must be accompanied by proof of insurance.** Please supply Kingston Marina with a copy of your insurance agreement **or** fill out the insurance portion of this form. Kingston Marina reserves the right to refuse any applicant without insurance coverage. This agreement releases the marina from any liability of theft, damage or loss of any boaters property stored on the grounds. We also agree to indemnify the marina from any subjected claims by my insurer or anyone else presenting on my behalf.

## Inner Harbour Downtown

349 Wellington St. At Bay  
Kingston, Ontario  
K7K 6N7

Office: (613) 549-7747  
Fax: (613) 542-6515

E-mail: [kmarina@metalcraftmarine.com](mailto:kmarina@metalcraftmarine.com)

## Repair/Services

Gas and Diesel Fuel  
Pumpout Station  
Dry Dock & 75 Ton Crane

## Full Service Marina Facilities

Washrooms  
Showers  
Permanent Docks

Transient Docks  
Hydro  
Ice

A Division of  
Metal Craft Marine Inc.

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City & Postal:** \_\_\_\_\_

**Telephone: Home** \_\_\_\_\_ **Work** \_\_\_\_\_  
**Cell** \_\_\_\_\_ **Fax** \_\_\_\_\_

**Boat Type:** (circle) **Sail** **Power** **Make:** \_\_\_\_\_

**Boat Name:** \_\_\_\_\_ **License:** \_\_\_\_\_

**Length (including swim & bow platform in feet)** \_\_\_\_\_

**Beam:** \_\_\_\_\_ **Draft:** \_\_\_\_\_

Package Requested	Cost/ft.	Length	Owing
Summer Hydro/Water (optional)	\$220.00	Flat Rate	\$
Sub Total	-----	-----	\$
			\$
Tax	GST	@ 5%	\$
Total Owing	-----	-----	\$

**Paid By** (circle one) **Cheque** **Visa** **MasterCard** **Debit**  
**Credit Card #** \_\_\_\_\_

**Expiry Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_  
(signature acknowledges agreement with rules & regulations on reverse)

**Date:** \_\_\_\_\_

**Insurance Company Name:** \_\_\_\_\_

**Broker (if applicable):** \_\_\_\_\_

**Policy #** \_\_\_\_\_

Note: All service or repairs subject to \$5/man/hr. contractor fee