



# SHELBURNE HARBOUR MARINA 2024 MOORING AGREEMENT

Name: \_\_\_\_\_ Assigned MOORING: \_\_\_\_\_  
 Address: \_\_\_\_\_ (to be completed by Marina)  
 \_\_\_\_\_  
 Postal Code: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Boat Name: \_\_\_\_\_ Sail / Power \_\_\_\_\_  
 Boat Make: \_\_\_\_\_ Boat Model: \_\_\_\_\_  
 Registration #: \_\_\_\_\_  
 Boat Length: \_\_\_\_\_ Boat Beam: \_\_\_\_\_ Boat Draft: \_\_\_\_\_  
 Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_  
 Type of Policy: \_\_\_\_\_ (Copy attached)

Mooring Rental      \$400.00 Early bird before Jan 31      \$412.00 regular season

Shore Power:      n/a

Non-Member Fee

Sub Total:      400.00      \$412.00

+ HST @15%      60.00      \$61.80

**TOTAL CHARGE:      \$460.00      \$473.80**

**Please note that the fee for those renters who are not members of SHYC, will be \$240.00 + HST more than the fees outlined above. If you are not a member please ensure your payment includes the additional amount.**

This agreement is for the boat named above and for the 2024 season only. The Shelburne Harbour Marina, its directors and/or its employees assume no responsibility for lost, stolen, misplaced or damaged property of any boater or renter or guest. Renters and guests use the facilities at their own risk. Boaters shall pay the cost of all damage to the facility and/or the property of any third party resulting from their deliberate or negligent acts. All persons under the age of 12 years must be accompanied by an adult. Proof of adequate insurance must be attached to the completed docking agreement. The Shelburne Harbour Marina reserves the right to refuse the lease of a dock to any boater without adequate insurance.

**I FULLY UNDERSTAND AND WILL COMPLY WITH THE RULES AND REGULATIONS OF THE SHELBURNE HARBOUR MARINA AND UNDERSTAND THAT FAILURE TO DO SO MAY RESULT IN THE TERMINATION OF THIS MOORING AGREEMENT.**

**DATED:** \_\_\_\_\_ **SIGNED:** \_\_\_\_\_

**Office Use Only:**

Date Received:	By:	Manager	
Date Processed:	By:	Bookkeeper	
Payment Type:		Rear Com.	