CASUAL STAY WET PEN & HARD STAND

PO Box 219 MANDURAH, WA, 6210 115 Breakwater Parade, MANDURAH, WA, 6210 (P) 9535 6251 (F) 9535 8979 (E) marinaadmin@mofsc.com.au



Spaces are limited over long weekends. Reservations will be confirmed once availability ascertained.															
WATER BERTH REQUIRED															
□ 10m □ 12m			□ 15m			ther Size :		_ m							
		ARI	RIVAL & DEPA	ARTURE	DATES										
Total No. of Nights								Nights							
Arrival Date / / D			Departure Date / /			_	_								
		I					1								
			MEMBER	DETAILS											
First Name Surnam			ne			Phone (home)									
									Phone (mobile) Phone		Phone (w	(work)			Name of y
Address					Suburb		Post Code								
Email								1							
Emergency Contact N		F			Phone										
						1									
			VESSEL D	ETAILS											
Name of Boat						Make of Boat									
									Boat Registration	Expiry Date	/	/			
												Expiry Date			T
Boat Length Overall (m) (must include front anchor, bowsprit, davits, marlin b			accude cuthocud)			Beam (m) Dra		Draft (m)							
(must include front and	pards, outboard)														
			INSUR												
Company			Policy Number				Evniry Date	/ /							
							Expiry Date / /								
A copy of insurance p	olicy showing bo	at is fully i	nsured (includi	ng Public	Liabili	ty coverage	of \$10 million)	is attached.							
Applicant's Signature						Date / /									
Applicant 5 Digitatare							Date/	/							
	ARE YOU	ATTENDIN	IG A MOFSC I		N DUF	RING THIS \									
Function & Date:		No of attendees:			Contact No (if different)										
			Office us	se only											
Marina Focus															
Copy of form to Bosur															
Correspondence to cu	ıstomer														