



SLIP: _____

ARRIVAL: _____ DEPARTURE: _____
CHECK-IN STARTS @ 2PM CHECK-OUT BY 11AM

Name: _____ Phone: (____) _____ - _____

EMAIL: _____

Make: _____ Length O/A: _____ Beam: _____ Reg No: _____

(CIRCLE) INBOARD -or- OUTBOARD Boarding Requirement: SIDE -or- STERN

INSURANCE CO. AND POLICY # _____
Declarations Page - Combined Single Liability (CSL) at \$300,000 or Split Limit of \$100,000 / \$300,000.

2024 Transient Rate Sheet (minimum 26')			2024 Multi-Hull & Wide Beam Rates (18'+)		
Transient	Rate	Length of Stay	Transient	Rate	Length of Stay
Daily	\$3.75 / FT	1-27 nights	Daily	\$4.95	1-27 nights
Memorial - Labor Day	\$5.50 / FT	Minimum 3 Nights	Memorial - Labor Day	\$9.50 / FT	Minimum 3 Nights
Monthly	\$73.50 / FT	28 nights or more	Monthly	\$97.50 / FT	28 nights or more

Electric Charge			
Transient	20 Amps / Minimum	30 Amps	50 Amps
Daily	\$5.00	\$20.00	\$35.00
Monthly	\$45.00	\$175.00	\$250.00

Rate Per Night: \$ _____
Power Per Night: \$ _____
Total Amount Due: \$ _____

OWNER / AGENT acknowledges and agrees that this TRANSIENT DOCKAGE AGREEMENT is subject to OWNER / AGENTS compliance with CRAZY SISTER MARINA'S Rules and Regulations, and the representations and warranties made therein, available to review at counter, and that a breach of CRAZY SISTER MARINA'S Rules & Regulations shall be a breach of this TRANSIENT DOCKAGE AGREEMENT. OWNER / AGENT acknowledges and agrees OWNER / AGENT has read, understands, and agrees to the terms and conditions set forth in this TRANSIENT DOCKAGE AGREEMENT and its Exhibits. OWNER / AGENT further acknowledges and agrees he / she has examined the licensed space and the space is in good and acceptable condition.

SIGNATURE: _____ DATE: _____