



910 S. GREEN ST
TUCKERTON NJ 08087
PHONE: 609-296-9400
FAX: 609-296-4600

TRANSIENT SLIP RENTAL AGREEMENT

DATE: _____ REG NO. : _____

NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

RESERVATION DATE(S): _____

TYPE OF BOAT: _____

DOCKAGE: LOA: _____ X \$2.00 = \$ _____ X NO. OF DAYS _____ = \$ _____
(.TRANS)

ELECTRIC: NO. OF DAYS = _____ X \$8.00 = \$ _____
(.T-ELE)

ELECTRIC W/ AIR CONDITIONING: NO. OF DAYS = _____ X \$10.00 = \$ _____
(.T-A/C)

BOAT U.S. DISCOUNT: LOA = _____ X \$.25 _____ X NO. OF DAYS _____ :- \$ _____
(From .TRANS) Membership number: _____

TOTAL: \$ _____

CREDIT CARD TYPE: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CVV #: _____

SIGNATURE: _____

ALL HOLIDAY WEEKEND RESERVATIONS REQUIRE A MINIMUM TWO (2) NIGHT STAY.

ALL RESERVATIONS MUST BE CANCELLED NO LATER THAN 24 HOURS PRIOR TO THE RESERVATION DATE IN ORDER TO RECEIVE A REFUND. **THERE WILL BE NO EXCEPTIONS.**