

New Client Form

marina@portstoronto.com
Phone: 416 778 6245 ▪ Fax: 416 778 6250

Name of Boat Owner: _____

Address _____ City _____

Prov _____ Postal Code _____

Cel. # _____ Home # _____ Business # _____

Email _____

Primary contact (if diff. from above) _____ Phone# _____

Boat Name: _____ Reg. No.: _____

Make: _____ Model: _____

Sail or Power: _____ Year: _____ Colour: _____

Length Overall: _____ft. _____in. Beam : _____ft. _____in. Draft: _____

Dinghy/Jetski information: _____ Reg. No _____

Make: _____ Model: _____

Road Vehicle #1: Make: _____ Model: _____ Year: _____ Plate: _____

Road Vehicle #2: Make: _____ Model: _____ Year: _____ Plate: _____

Trailer Make: _____ Model: _____ Axels #: _____ Plate: _____

Additional Comments: _____

Insurance Coverage: Insurance coverage is mandatory for each vessel at Outer Harbour Marina. Please provide a current copy of your insurance indicating \$2M liability coverage with this application form. You also may be asked to provide a recent boat survey.

I _____ confirm the information provided in this form is accurate.
(Print Name)

(Signature)

Signed on: _____
(Date)

For Office Use Only:

Received by: _____ Date : _____