

New Client Form

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Phone: 416 778 6245 ■ Fax: 416 778 6250

Name of Boat Owner: _____

Address _____ City _____

Prov _____ Postal Code _____

Cel. # _____ Home # _____ Business # _____

Email _____

Additional Contact: _____ 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 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. All identification must match

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

(Signature)

Signed on: _____
(Date)

For Office Use Only:

Received by: _____	Date : _____
ID checked: _____	