

MARINA BERTH RENTAL AGREEMENT

PLEASE COMPLETE THIS FORM AND RETURN TO THE MARINA OFFICE

1. (MARINA OWNER)	Denarke Pty Ltd ATF Martha Cove No. 1 Vineyard Trust
2. (BOAT OWNER)	Name _____
	Address _____
	Business Name _____ ABN _____
	Phone (B) _____ (AH) _____
	Mobile _____ Fax _____
	Email _____
(EMERGENCY CONTACT)	Name _____
	Mobile _____
3. (BOAT)	Name _____
	Boat Registration No. _____ Manufacturer: _____
	Length _____ Beam _____ Draft _____
	Insurance Details Policy Type: _____ Insurer: _____
	Policy Number: _____ Expiry Date: _____
4. (DATES & BERTH)	Date of Arrival ____/____/____ Berth No. _____
	Date of Departure ____/____/____ _____
5. (AGREEMENT FEES)	Fee \$ _____
6. (KEY SECURITY DEPOSIT)	\$50.00 key fob deposit is required. Deposit is forfeit if key fob is no returned within 30 days of departure.
This agreement is made on the	_____ day of _____ year
Signed for the Boat Owner	_____
Signed for the Marina Owner	_____

MARINA MARTHA COVE

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Marina Office: Cnr Mariners Way & Anchorage Ave, Martha Cove VIC 3936 PO Box 573, Mount Martha, VIC 3934
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Denarke Pty Ltd ATF Martha Cove No. 1 Vineyard Trust ABN 13 156 249 051

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