

LCM APPLICATION FORM

FOR OFFICE USE ONLY		CONTRACT NBR:	
DATE:		SLIP NBR:	
Customer Name:			
Address:			
City:	Prov/State:	Postal/Zip Code:	
Home Phone:	Cell Phone:		
Work Phone:	Emergency Contact:		
Fax:	E-mail Address:		
BOAT INFORMATION			
Name of Boat:			
Registration Number:		Boat Details	
Make:	Model:	Engine Make:	
Year:	Weight:	Horse Power:	
(HIN) Boat Hull ID Nbr:		Outdrive Make:	
Length ft:	Beam ft:	Draft ft:	
Type of Cradle:	Cradle Measurements:		
Trailer Make:	License Plate Nbr:	Trailer VIN:	
SERVICE DETAILS			
Use of Craft (Please Circle One)		Full Use Hydro Required (Please Circle One)	
Private	Commerical	NO	15 amp 30 amp
Special Requirements:			
INSURANCE INFORMATION			
INSURANCE COMPANY:			
POLICY NUMBER:		** PLEASE ATTACH PROOF OF INSURANCE **	
METHOD OF PAYMENT			
TYPE OF PAYMENT (Please Circle One)			
CASH	CHEQUE (enclosed)	DEBIT	MASTERCARD VISA
Amount \$		CARD NUMBER:	
Signature:		EXPIRY DATE: (MM/YY)	
UPDATED INSURANCE INFORMATION AND DEPOSITS ARE REQUIRED TO PROCESS THIS APPLICATION			



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