

Fall Transient Dockage Reservation Form

Saquatucket Municipal Marina

715 Main Street PO Box 207

Harwich Port, MA 02646

508-430-7532

FAX 508-430-7535

e-mail: mmorris@town.harwich.ma.us

Name: _____

Mailing Address: _____ City/State/Zip: _____

Phone Number(s): _____ (Cell) _____ L.O.A. (w/ pulpit): _____ Beam: _____ Draft: _____

Boat Name: _____ Make: _____ Doc #/Registration # _____

Do you need shore power? Electric: 30 Amp (\$8.00/night)* or 50 amp (\$11.00/night)*

*ELECTRICAL NOTE: In most situations, slips are limited to one 30 amp, 110 volt twist locking marine type outlet.

Notes: We take reservations for a maximum stay of two weeks for the season.

Reservations are strongly recommended.

ARRIVAL DATE: _____

DEPARTURE DATE: _____

A one-third deposit is required to confirm and hold your reservation with the marina. Please calculate your deposit using the appropriate rate for the dates of your stay. (Rates are subject to change without notice). The boat ramp launching fee is \$10 (overnight trailer parking is prohibited in the marina lot). Calculate your 1/3 deposit below:

Boats Over 35' LOA

September 15 – October 15: \$1.90/ ft/ night

\$1.90 X _____ X _____ X 1/3 = \$ _____
L.O.A. # Nights Deposit

Boats up to 35' LOA

September 16 - October 15: \$1.60/ ft/ night

\$1.60 X _____ X _____ X 1/3 = \$ _____
L.O.A. # Nights Deposit

CHECK-IN TIME is between 1 p.m. and 5 p.m. CHECK-OUT TIME is 11 a.m. or earlier. CANCELLATION POLICY: Cancellations are subject to a \$15 administrative charge. Cancellations prior to two weeks of arrival date will receive a 100%. Cancellations within two weeks but before 5 p.m. on the day preceding arrival will forfeit one day's dockage plus charge. Cancellations after 5 p.m. on the day preceding arrival will forfeit half of the deposit plus charge. No shows or no calls forfeit entire deposit.

A convenience fee of 2.95% will be applied to all credit card transactions.

CREDIT CARD DEPOSITS TOTAL DEPOSIT AMOUNT \$ _____

CREDIT CARD #: _____ Security Code: _____

Expiration _____ e-mail Address: _____

The issuer of the card identified on this form is authorized to pay the amount shown as Total Deposit Amount upon proper presentation. I promise to pay such TOTAL (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Signature: _____ Date: _____

Either mail in this form with deposit check made payable to the Town of Harwich, e-mail or (because we do not have a secure website) fax this form signed with credit card information and we will debit you're your card for the amount you have acknowledged. A receipt will be sent by return mail or e-mail (if provided) to you for your records.