



Mailing address:
 142 Sturgis Lane
 Reeds Spring, MO 65737
 Ph. 417-272-1311 Fax: 417-272-0208
 www.capefairmarina.com

Physical address:
 1500 Shadrack Road
 Cape Fair, MO 65624
 Ph. 417-538-4163 Fax: 417-538-4165
 info@capefairmarina.com

Name		
Street		
City, State, Zip		
Cell:	Home:	Email:

Year:	Make:	Model:
Missouri registration number:		Length:

In case of emergency notify (other than slip owner)	Name:	Phone: Cell:
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Stall size: 9' x 18' \$900 9' x 20' \$975 10' x 28' \$1,875 12' x 30' \$2,350

14' x 32' \$2,850 14' x 36' \$3,350 16' x 42' \$4,150 16' x 56' \$5,800 20' x 78' \$7,950 \$ _____

ASSIGNED SLIP NUMBER: _____ DATE IN: _____ PRO RATE: _____ (\$ _____)

Lockers: OWN (3' LOCKER \$1,095/4' LOCKER \$1,195) RENT (3' LOCKER \$250/4' LOCKER \$350) * \$ _____
 * Up to 2 years of rent can be applied to locker purchase

DATE IN: _____ PRO RATE: _____ (\$ _____)

TOTAL \$ _____

This is an agreement to rent space (and no bailment is created thereby), on which is to be placed, entirely at the renter's risk.

Renter agrees: to rent space on a yearly basis, beginning May 1st and ending May 1st the following year, payable in advance. Stall rental starts _____, 2012 and ending MAY 1ST, 2013.

Insurance requirements: Cape Fair Marina, LLC must be listed as an additional insured or notification of insured. Liability coverage for boats up to 40' - \$500,000 minimum, and boats longer than 40' - \$1,000,000 minimum (see details described in rental conditions, line 4).

I have read, signed and received a copy of the price contract and the rental conditions. I understand and agree to the terms and conditions set forth herein.

ACCEPTED _____
 slip renter signature _____ date

RECEIPT FOR BOAT SLIP / LOCKER PAYMENT(S) (EMPLOYEES USE ONLY)								
RECEIVED \$ _____	<input type="checkbox"/>	CASH	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	CC	DATE: _____	INITIAL: _____
RECEIVED \$ _____	<input type="checkbox"/>	CASH	<input type="checkbox"/>	CHECK	<input type="checkbox"/>	CC	DATE: _____	INITIAL: _____
<input type="checkbox"/>	INSURANCE RECEIVED INITIAL: _____							

NOTES / JAMES RIVER DOCK SERVICES
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