



## THIEVES BAY MARINA CASUAL MOORAGE APPLICATON

I/We wish to apply for casual moorage at Thieves Bay Marina.

Name(s):					
Magic Lake Pro	perty Addı	ess:			
Mailing Address	s (if differe	nt):			
				Postal Code_	
Telephone:	Res. (	)		_Bus. ( )	
Name of vessel			and	/or Number	
Name of vessel	owner				
Sail Power		Width	ft	Draft	ft
Overall Length	f	t (This MUS	T include any	projection from	the bow or stern).
From Date	// [onth/Day/	Year	To Date	/_/Mont	h/Day/Year
All vessels will	be measur	ed by the Ma	rina Manager.	Errors or omiss	sions on the Casual I

All vessels will be measured by the Marina Manager. Errors or omissions on the Casual Moorage Application form may result in berth reassignment, adjustment to moorage fee, or cancellation of moorage.

All vessels moored at Thieves Bay Marina MUST be clearly marked with a name or number.

Applicants MUST provide proof of insurance for the vessel (minimum \$1.000.000 liability) at the time of application

I have received and read the Thieves Bay Marina Rules and Regulations on the reverse of this application, and agree to be bound by the contents thereof if granted casual moorage. Non-compliance will be grounds for loss of moorage privileges.

Signature of Applicant	Date	/	/	

Approved by Marina Manager Date/ /	_
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