



Docking Space Release Form

Vessel: _____

Company: _____ Client: _____

Phone: _____ Fax: _____

Registration Number: _____

Docking Date: _____

Footage: _____

Arrive: _____ Pickup: _____

Drop Off: _____ Leave: _____

Valet Parking: _____ # of people expected: _____

Comments/Conflicts:

NOTE: Current certificate of insurance must be on file

Rental Summary

Footage (Based on \$2.50 per foot per day) \$ _____

Taxes (@ 7.0%) \$ _____

TOTAL RENTAL \$ _____

Accepted: _____ Denied: _____ By: _____ Date: _____