OUTER HARBOUR MARINA DE L'AVANT-PORT

New Client Form

TORONTO PORT AUTHORITY
ADMINISTRATION PORTUAIRE DE TORONTO

marina@torontoportauthority.com
Phone: 416 778 6245 ▪ Fax: 416 778 6250

Name of Boat Owner: _____

Address _____ **City** _____

Prov _____ **Postal Code** _____

Cel. # _____ **Home #** _____ **Business #** _____

Email _____

Additional Contact: _____ **Phone#** _____

Boat Name:_____ **Reg. No.**: _____

Make: _____ **Model**: _____

Sail or Power:_____ **Year**: _____ **Colour**: _____

Length Overall: _____ft. _____in. **Beam** : _____ft. _____in. **Draft**: _____

Dinghy/Jetski information: _____ **Reg. No** _____

Make: _____ **Model**: _____

Road Vehicle #1: Make: _____ **Model:** _____ **Year:** _____ **Plate:** _____

Road Vehicle #2: Make: _____ **Model:** _____ **Year:** _____ **Plate:** _____

Trailer Make: _____ **Model:** _____ **Axels #:** _____ **Plate:** _____

Additional Comments: _____

_____

Insurance coverage is mandatory for each vessel at Outer Harbour Marina. Please provide a current copy of your insurance indicating $2M liability coverage with this application form. You also may be asked to provide a recent boat survey. All identification must match

I _____ confirm the information provided in this form is accurate.
(Print Name)

_____ Signed on: _____
(Signature) (Date)

For Office Use Only:

Received by: _____ Date : _____
ID checked: _____