

BEACON POINT MARINE, INC.

**49 River Road
Cos Cob, CT 06807
203-661-4033
Fax 203-661-2054**

2009 WINTER STORAGE CONTRACT- CUSTOMER INFORMATION

Name: _____	Boat Name: _____		
Street: _____	City: _____	State: _____	Zip: _____
Home Phone: _____	Cell Phone: _____		
E-Mail Address: _____			
Boat Mfg: _____	Model: _____	Year: _____	Length: _____
Registration#: _____	Hull ID: _____		
Customer Number: _____	Winter Storage:	Land <input type="checkbox"/>	
		Water <input type="checkbox"/>	
Slip: _____			
Storage Charges:			
	Storage Charge \$	_____	

	Total \$	_____	

I agree to the terms and conditions of storage per the Greenwich Water Club rule book.

Signature: _____

Date: _____

Office Use Only	
Deposit Received _____	Storage Assignment _____
Balance Received _____	