

MIMA-Marco Island Marina Association SLIP RESERVATION

SLIP# _____

Arrival Day of Wk: _____ Date In: _____ ETA _____ Date out: _____ # of Nights: _____

Contact Name: _____ Boat Name: _____

Power _____ Sail _____ Boat Length(LOA): _____ Draft: _____ Beam: _____ Amps Required: _____

Vessel Manufacturer: _____ Year of Vessel: _____

Cell Phone: _____ Fax: _____

Email: _____

Credit Card #: _____ Expiration: _____ / _____
MC, VISA, AMEX or DISCOVER

Security Code: _____

Billing Zip Code: _____

Informed of 24 hour notice of cancellation / No show policy _____ (initials)

NOTES: _____

