



Marina CostaBaja

Priority Reservation Request

Vessel Information:

Vessel Name: _____

Make & Year: _____

[] Power [] Sail Length: _____ Beam: _____ Draft: _____

Power Requirements: Volts: _____ Amps: _____ Phase: _____

Owner Information:

Owners Name: _____

Owners Telephone: Home: _____ Cell: _____

Office: _____ Fax: _____

Other: _____ E-mail: _____

Owners Address: _____

Mailing Address: _____

Captains Name: _____

Captains Telephone: Home: _____ Cell: _____

Office: _____ Fax: _____

Other: _____ E-mail: _____

Term Requested: ☐ Month to Month
 ☐ 12 Month (Discount applies. Please ask for details)
 ☐ 24 Month (Discount applies. Please ask for details)

Arrival Date: _____ Departure Date: _____

Location or Slip Number Requested (if available): _____

Additional Requests or Comments: _____

Priority Reservation Request Policy:

Priority Reservation Requests are based on the order in which they are received and are not complete unless accompanied by the appropriate deposit as indicated in the prevailing rate sheet. Upon receipt of your Priority Reservation Request and deposit, a rental agreement will be prepared and mailed to you for your review and signature. Your Priority Reservation Request and deposit will be held for 14 days. If we have not received your signed rental agreement by the end of the reservation period, the reservation will be canceled and the deposit returned. Once the rental agreement is executed, deposits become non-refundable.

Owner or Authorized Owners Agent _____

If paying by credit card please complete the following	
Credit Card Type:	Number:
Expiration Date:	Security Code (last 3 digits on back of card):

For Office Use:	
Date Rec'd:	Amount Rec'd:
Rental Agreement Sent:	Rental Agreement Due:
Tentative Slip Assignment:	Rental Agreement Rec'd:
Approved or Denied:	By: