



**WINTERIZATION REQUEST**

**Please fill out and return to us as soon as possible.**

Customer: \_\_\_\_\_ Requested Haul-Out Date: \_\_\_\_\_

**Must be confirmed (No Sundays or Mondays)**

Daytime Phone #: \_\_\_\_\_ Address: \_\_\_\_\_

Cell #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Boat/Make/Model: \_\_\_\_\_ Size: \_\_\_\_\_ Engine: \_\_\_\_\_

**YES NO**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Haul Out and Ramp Fee: Customer Trailer: _____ MMC Trailer: _____  |
| <input type="checkbox"/> | <input type="checkbox"/> | Power wash Bottom (Recommended if Bottom painted or Left in Water)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Winterization  |
| <input type="checkbox"/> | <input type="checkbox"/> | Winterize Fresh Water System (sink, shower, etc.)  |
| <input type="checkbox"/> | <input type="checkbox"/> | Shrink Wrap (MMC Not Responsible for Covers/Boats if not Shrink Wrapped)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Mildew Bags (Recommended with Shrink Wrap to Prevent Mildew)   |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage (Inside _____ \$100 non-refundable deposit required to hold or Outside _____)  |
|                          |                          | <i>Note: Limited number of inside storage this year – please see fall flyer</i>  |
| <input type="checkbox"/> | <input type="checkbox"/> | If your water pump/thermostats have not been replaced in the last 2 seasons, do you want this done at this time (recommended). |

Additional Requests:

\_\_\_\_\_

Note: Customer is required to have their own insurance on vessel. Midlantic Marine Center not to be held responsible for loss or damage in case of fire, theft, accident, inclement weather or any other causes beyond our control.

\_\_\_\_\_

Customer Signature (required)

\_\_\_\_\_

Date

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