

Reservation Form

		Date
Owners Contact Information:		
Last Name:	First Name:	
Home:	Cell:	
Office:	Fax:	
E-mail:	_	
Address:		
Vessel Information: Vessel Name:	Make & Year	
[]Motor yasht		
Overall Len	th: Beam:	Draft:
Power Requirements: V	olts: Amps:	Phase:
Captain Contact Information: Last Name:	_ First Name:	
Telephone:	E-Mail:	
Term Requested:		
[] One Year Lease [] Month to Month [] Daily	
Arrival Date: Departure Date:		
Special Request:		
Reservation Policy: Reservation requests are b Reservation Forms which include credit card info Deposit charge are given first priority.		· · · · · · · · · · · · · · · · · · ·
Credit Card Information: Type: [] VISA [] MC Number:		
	e (Last 3 or 4 Numbers Or	 n Reverse):
Billing Address If Different From Mailing:		
<u> </u>		

OWNER'S SIGNATURE

Marina Puerto Los Cabos offers the following Services:

Water
 Wi-Fi
 Security 24/7
 Fuel Dock
 Parking
 Showers & Bathrooms

4. Metered electricity 9. Pomp out