



# SHRINK WRAP REQUEST 2024

**\*\*NOTICE: THIS FORM MUST BE COMPLETED IN FULL AND RETURNED SIGNED FOR PROCESSING. INCOMPLETE FORMS CAN NOT BE ACCEPTED\*\***

CUSTOMER INFORMATION	VESSEL INFORMATION
Name: _____	Make: _____ Year: _____
Email: _____	Model: _____ LOA: _____
Phone Number: _____	Boat Name: _____
<b>**We require Cabin &amp; Ignition Keys prior to commencing Service Work**</b>	Slip: _____ Key Location: _____

Vessel Type: <input type="checkbox"/> Power <input type="checkbox"/> Sail	Is your Dockage Deposit paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Contract Type: <input type="checkbox"/> Annual Package <input type="checkbox"/> Winter Storage
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SHRINK WRAP	Price Per Ft	LOA
Shrink Wrap 16-20'	\$ 37.00	
Shrink Wrap 21-25'	\$ 43.00	
Shrink Wrap 26-30'	\$ 45.00	
Shrink Wrap 31-40'	\$ 52.00	
Shrink Wrap 40' +	\$ 55.00	

NO DAMP is NOT Included in Shrink Wrap Pricing but available upon request

Shrink Wrap after this date:	YES
Flybridge Charge - additional \$300 +HST	YES
Add door - additional \$95 +HST	YES
Customer Supply Door from prior year - where?	YES
Mast up (sail boat) - additional \$350 +HST	YES

Boat top storage location:

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Included in pricing Framing of vessel, Shrink Wrap installation, venting, Shrink Wrap Removal, Daily inspection clearing off snow, ice & up to 65km/hr wind damage repair.

\*\*\*Please note all Shrink Wrap is completed at Killbear Marina Availability\*\*\*

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**DISCLAIMERS:** Payment is due upon completion of work.

**HOLD HARMLESS DISCLAIMER:** I/WE, the sole owner(s) of the above described boat agree that Killbear Marina Inc. are released from liability for damages or loss no matter how it occurs on the boat, motor and equipment while under their care and custody, and agree that the above property is properly insured by the boat owner(s) against liability and damage.

**PLEASE NOTE: Any Vessel Hauling Out on or after October 25, 2024 will be considered part of our Early Launch in 2024.**  
These vessels must be prepared to Launch during the first three weeks of the 2024 Season

Special Instructions:
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PRINT NAME _____	SIGNATURE _____	DATE _____
Office Use Only <input type="checkbox"/> Framed <input type="checkbox"/> Covered <input type="checkbox"/> Shrunk <input type="checkbox"/> Vent and Doors	Staff Initials: _____	