

Little Ouse Moorings

AGREEMENT FORM

Personal Details

Name(s) of Vessel Owner(s):

Address:

.....

.....

Postcode:

Telephone Number(s):

Email Address:

Vessel Details

Narrowboat: Cruiser: Other:

Make & Model:

Vessel Name:

Length: Licence Number:

Insurance Details

Please provide a valid copy of your insurance certificate.

Name of Insurance Company:

Policy Number: Renewal Date:

I request a mooring commencing on:

I have read, understand and agree to be bound by the 'Terms and Conditions' Little Ouse Moorings.

Signed: Date: