



2022 Semi-Annual Lease Agreement

Somers Cove Marina Commission

715 Broadway

Crisfield, Maryland 21817

(410) 968-0925 Fax (410) 968-1408

www.somerscovemarina.com

Slip Assigned:

This agreement shall commence on _____ and shall end on _____

Lease agreement between the Somers Cove Marina Commission (herein after referred to as Marina) and the following boat owner (herein referred to as lessee) in reference to leasing the above assigned slip number.

Rental of Slip will be in effect at the DATE OF COMMENCEMENT. Slip rentals cannot be held or begin rental after this date.

OWNER Name: _____		Home #: _____	
Email Address: _____		Work #: _____	
Driver's License: _____		Cell #: _____	
Address: _____			
City, State, Zip: _____			
CO-OWNER/SPOUSE Name: _____		Home #: _____	
Email Address: _____		Work #: _____	
Driver's License: _____		Cell #: _____	
Address: _____			
City, State, Zip: _____			
VESSEL Name: _____	Boat Make: _____	Year: _____	
Length: _____	Beam: _____	Draft: _____	Sail/ Power: _____
HIN #: _____	Reg/Doc#: _____	Exp. Date: _____	
MOTOR (I/O): _____	Type of Fuel: _____	Tank Capacity: _____	
INSURANCE COMPANY Name: _____			
Policy #: _____		Ins. Exp. Date: _____	
Agency Name: _____		Agent Phone #: _____	
PAYMENT			
The slip charge for this space shall be payable at the commencement of this agreement.			
\$ _____ Dollars			

People authorized to use vessel: _____

EMERGENCY NOTIFICATION: _____ Phone #: _____

By signing below, the Lessee(s) certifies that:

- (1) Lessee has read and fully understood the entire Lease Agreement, including the Marina's "Annual Slip Holders Rules and Regulations", attached hereto and incorporated into this Agreement;
- (2) Lessee will abide by the terms and conditions of this Lease and the Rules and Regulations;
- (3) Lessee understands this is a transient agreement and the slip will be released as of the ending date of this agreement. This does NOT hold the slip for the following year.
- (4) Lessee has examined the space for the subject vessel and deems said space to be suitable and acceptable.

A current copy of the "Vessel Registration or Documentation" and "Certificate of Insurance" must be provided and accompany this signed and dated agreement.

ACCEPTED BY (Lessee): _____ Date: _____

ACCEPTED BY (Lessee): _____ Date: _____

ACCEPTED BY (Marina): _____ Date: _____

Authorized Signature of Somers Cove Marina Representative

Revised MT 2016

**** Please see the reverse side of this contract for Memberships, Parking Hang Tags and Credit Card Authorization****

OVERNIGHT HANG TAG PERMITS

Please list the vehicles which will need Overnight Parking at your slip for 2022. Contracts **MUST** be filled out in its entirety to be assigned hang tags. Each **Paid In Full** SEMI ANNUAL Slip can be assigned up to 2 Overnight Hang Tags per year. **Lost or stolen passes will be charged a \$25.00 recovery fee.**

Tag #	State	Year	Make	Model	Color

AUTOMATIC CREDIT CARD PAYMENT

**Please Call 410-968-0925 with your credit card information or authorize a card on file.
Your signature below permits automatic deductions from your Credit Card on the said date.**

One Time Payment _____

Cardholder acknowledges receipt of goods and/or services in the amount of the shown here on and agrees to perform obligations set forth in the cardholder's agreement with the user.

Card Holder Signature: _____ Date: _____

MEMBERSHIP CARDS

Each **Paid in Full ANNUAL** Slip can apply for 2 SILVER cards for access to the Pool, Discounts at the Shanty and Fuel Pier along with 2 BRONZE cards for family members and friends. Guidelines will be provided with issuance of cards. **Please write clearly. Lost or stolen passes will be charged a \$25.00 recovery fee.**

SILVER Card #1	Name:	Phone #:	(Age if under 18)
SILVER Card #2	Name:	Phone #:	(Age if under 18)
BRONZE #1	Name:	Phone #:	(Age if under 18)
BRONZE #2	Name:	Phone #:	(Age if under 18)

For Office Use ONLY

CONTRACT						Date: _____	Emp: _____
<input type="checkbox"/> M.O.	<input type="checkbox"/> Access	<input type="checkbox"/> Need Info	<input type="checkbox"/> Send Request	<input type="checkbox"/> Paid In Full			
VEHICLE HANG TAGS						Date: _____	Emp: _____
<input type="checkbox"/> M.O.	<input type="checkbox"/> Access	<input type="checkbox"/> Mailed	<input type="checkbox"/> Picked Up	<input type="checkbox"/> Log			
MEMBERSHIPS						Date: _____	Emp: _____
<input type="checkbox"/> M.O.	<input type="checkbox"/> Access	<input type="checkbox"/> Mailed	<input type="checkbox"/> Picked Up	<input type="checkbox"/> Log			