

BAYSHORE GARDENS PARK AND RECREATION DISTRICT

SLIP # _____

WA SLIP# _____

MARINA WORK AREA CONTRACT

1005 WAC

I, _____ being a slip holder or a resident of Bayshore Gardens have reached an Agreement with Bayshore Gardens Board of Trustees which is as follows:

1. That I will abide by the general rules and conditions as set forth in the Bayshore Gardens Marina Rules.
2. That at my expense for crane services, I will pull my boat and place in the work space assigned to me by the Dock Master. I will notify the District Office at least one week prior to date the Crane is to come in with a copy of the crane insurance and license.
3. That all boats needing power sanding must have a barrier to comply with EPA Codes.
4. That it is understood that all work must be completed within 30 days unless a new agreement (1005 WAC) is executed in the District Office.
5. Failure to adhere to the rules of the Work Area can result in this Agreement being terminated.

The Boat owner will not hold Bayshore Gardens Park and Recreation District or its agents responsible for any injury, loss, damage, vandalism or theft.

Work area: North side _____ South Side _____
Space 1_2_3_ _____ Space 1_2_3_ _____

Work to be performed: _____

Date in work area _____ Date out of work area _____

Type of boat: Power ___ Sail _____ Name or make of boat _____

Florida Registration # _____ Insurance Company _____
(Minimum \$100,000 liability copy attached)

The Agreement commences on _____ and ends on _____ not to exceed 30 days. (May be extended if facility is available and payment received.)

Extension from date _____ to date _____ Approved by _____ Date _____

Deposit of \$40.00 paid for gate key to be refunded when key returned. Total \$ _____

Resident Boat Slip Lessee Fee shall be \$10.00 per week # weeks _____ x \$10.00 Total \$ _____

Resident Non-Boat Slip Fee shall be \$10.00 per week for # weeks _____ x \$10.00 Total \$ _____

Non-Resident boat slip lessee \$20.00 per week # weeks _____ x \$20.00 Total \$ _____

Extension \$ _____ per week. # weeks _____ Total _____

All fees must be paid in advance of moving into work area.

Owner Signature _____ Date _____
Address _____ Phone _____

Approved by _____
Dock Master District Manager

Approved 9/18/18 *Sharon Denson*

Revised _____

effective 9/18/18