



SHRINK WRAP 2020

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CUSTOMER INFORMATION

Customer Name: _____

Customer Telephone: _____ Customer Email: _____

Vessel Make: _____ Vessel Model: _____

Vessel Length Overall: _____ Vessel Name: _____

Key Location: _____

Boat Top Storage Location: _____

SHRINK WRAP ADD-ONS

Access Door (Additional \$75.00 +HST)

Sailboat with Mast Up (Additional \$125.00 +HST)

HAUL OUT SCHEDULE

Scheduled Haul Out Date

Winterization Completion Date

Ready for Shrink Wrap Date

SPECIAL NOTES: _____

OFFICE USE ONLY

Wrapped

Shrunk

Vents

No Damp

Access Door (if applicable)

TOTAL HOURS

Shrink Wrap completed by: _____

Date of Shrink Wrap completion: _____