

## LONG-TERM SUMMER STOPOVER BOOKING

(over 1 week)

Requested	periods:	
Period 1	From the:	To the:
Period 2	From the:	To the:
Flexibility: +	-/	
*Mandatory		
Last name*	<u>:</u>	
First name*	<u>:</u>	
E-mail*:		Phone*:
Address*:		
	Postcode*:Town*:	
Country*:		
	cteristics (1):	
Model*:		
Boat overall length:Overall bea		Overall beam(2):
Boat name:		
1	Please enclose a c	py of your boat registration certificate, and valid certificate o
insu	rance.	
2	The rate is linked to	the length and width of a boat. (Change of category possible.)
A berth ma	tching the characteris	ics of the boat is allocated <b>depending on the availability</b> at th
requested to	ime. A stopover quote	is then sent by e-mail.
The		At
Signature	:	

Form to send to: patricia@port-armor.com

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