80 Audrey Zapp Dr. Liberty State Park Jersey City, NJ 07305 201-985-8000 libertylandingmarina.com



## After completion please send to libertylanding@suntex.com



BILLING ZIP CODE: \_\_\_\_\_







## **2025 TRANSIENT RESERVATION REQUEST FORM**

loday's Date:	Arrival Date:	
Name:	Depart Date:	
Address:	Phone:	
	Secondary Phone: _	
Email:	Reservation Notes:	
Insurance Provider:		
	Group Name:	
VESSEL IN	FORMATION	
☐ Power ☐ Sail ☐ Catamaran ☐ Trimaran	Vessel Make:	
Vessel Name:	Length Overall*:	
Electric Required:	Beam:	Draft:
amount or \$25.00 whichever is greater. If the reservation is cance the entire deposit is forfeited. Vessels 65' and over cancelling, for In the event the reservation is not cancelled, and the above vesse charge the below credit card for the total reserved slip amount. DEPOSIT WILL BE FORFEITED.  • Measurement Policy: OpCo charges for the entire overall length byOpCo, is 2 feet, or more, greater than the indicated length about ransient rate.  • Multihull Vessels: Catamarans will be charged 1.5 times and trin • Access Key Cards: \$25.00 fee will be charged to the provided credit of the control of the control of the charged to the provided credit of the control of the charged to the provided credit of the charged to the provided credit of the charged to the charged to the charged credit of the charged to the provided credit of the charged to the charged to the charged to the charged credit of the charged to the charged credit of the charged control of the charged control of the charged control of the charged credit of the charged control of the	feit entire deposit regardles el fails to arrive, regardless o DEPOSITS WILL BE HELD FO of a vessel and its appurten ve, the additional length wi narans will be charged at 2 %	ss of when reservation is cancelled. If reason, Liberty Landing Marina will OR 1 YEAR, IF NOT USED AFTER 1 YEAR, Itances. If the overall length, as measured Il be charged at twice the prevailing Itimes the prevailing transient rate.
Paid by: (check box) ☐ CASH ☐ CHECK ☐ \		
NOTE: A DEPOSIT OF 50% OF THE TOTAL STAY IS REQUIRED By signing below, I authorize Liberty SMI OpCo, LLC to charge my credit card fo card for any and all fees as described above. A surcharge of 3% will be applied check, ACH payment, debit card, or wire transfer, a	r the reservation deposit and I aut I on all credit card transactions. W	horize Liberty SMI OpCo, LLC to charge my credit le encourage other payment forms such as cash,
Authorized Signature:	DA	NTE:
CARD #:	EXP. DATE:	CVC: