WINTER WATERCRAFT STORAGE AGREEMENT

Name:	Telephone No.:
Street :	E-Mail Address:
Telephone No.:	
Stockholder: Yes No Tenant: Yes No	
If Tenant, please provide your Landlord's name and mailing	g address:
	Lease Expiration Date:
	Telephone No.:
Please provide the following watercraft information:	
Make/Model/Year of Watercraft:	NYS Reg. No
Vehicle Identification No.:	Color/Special Markings:
I have read the attached Winter Watercraft Storage Require conditions. I, the undersigned, agree to hold Vail's Grove liability for loss or damage and will assume full respon Cooperative property. I further agree to remove this wate failure to do so may result in the Cooperative removing this	Cooperative, Inc., harmless to responsibility or sibility for contamination from any cause of reraft in the Spring of 2007. I understand that watercraft and invoicing my account.
Signature	Date:
FOR OFFICE USE: Approved By: For the Vail's Grove Board of Directors	Date:
Sticker No.:	Location: