



FIRST CONTACT DATE: _____ BY: _____

P.O. BOX 328 • CHANHASSEN, MINNESOTA 55317 • PHONE (952) 474-7001 • FAX (952) 474-8895 • BOAT (952) 474-7001

CRUISE DATE _____

BOAT NAME _____

REFERRAL

QUOTE

CRUISE CONTRACT

Pencil in _____ 24 hrs. for return call to confirm date and time

STATUS/DATE _____

NAME		ADDRESS		CITY, STATE, ZIP		HOME PHONE	
BUSINESS		ADDRESS		CITY, STATE, ZIP		WORK PHONE	
OCCASION		REQUESTED CRUISE TIME FROM: _____ TO: _____		PICKUP LOCATION		EXPECTED NUMBER OF GUESTS (MAX. OF _____)	

SPECIAL REQUESTS / ARRANGEMENTS (FOOD, GUIDED TOURS, ETC.)

NOTE: Alcohol consumption by persons under age 21 is prohibited by law. Cruise termination where illegal drug use or possession is suspected, or unwarranted behavior creates a problem or detrimental to self, party, or crew. Customer is liable for damaged property due to misuse.

Cruise Cost _____ Hours @ \$ _____	Taxable _____	\$ _____
_____	_____	_____
Food & Misc. _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	Subtotal _____	Subtotal _____
	Tax _____	Subtotal _____
		Total _____
		Tax _____
	Total Charter Cost _____	_____
	Less Deposit _____	_____
	Balance Due by Cruise Date _____	_____
	Price Does NOT Include Gratuity _____	_____
		\$ _____

DATE _____	GUEST SIGNATURE _____
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This form will act as confirmation and billing service for Custom Charters. This is not a contract until date and time are confirmed and signed and deposit has been made. When given credit card number to guarantee a time and/or date of cruise, this form will act as binding contract without signature. Full refund of deposit if cancelled 30 days prior to cruise date. All cruises go rain or shine. No show: Liable for total cruise plus expenses incurred.