hIGH cOUNTRY, 403 RT. 9 WEST, P.O. BOX 1750, WILMINGTON VT.05363

802-464-2108

Email: hcmarineoffice@gmail.com

Winter only customers Winter Work Order

 Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Please check off the following work you are authorizing High Country to do:

\_\_\_\_\_\_\_\_\_\_\_\_ESTIMATED DATE of the last day you plan on using your boat this Summer

**REMEMBER TO CLEAN OUT YOUR BOAT**

If we need to remove- Tubes, Wakeboards Etc.they will be inventoryed, stored and you will be charged $25.00

\_\_\_\_\_\_\_\_\_\_\_\_Winterization $95 an hour Labor- plus fluids and desiccant (moisture absorbing

Performance boats are $115 an hour Labor

\_\_\_\_\_\_\_\_\_\_\_\_Transport Boat $70 per pick up or delivery (please provide us with instructions)

\_\_\_\_\_\_\_\_\_\_\_\_Shrinkwrap $14.00 a foot- **\*\*ALL PONTOON BOATS $16.OO A FOOT\*\*\***

**\*\*\*(You will be charged for winterization and shrinkwrap when the work has been completed**

**\*\*\*We will charge your credit card for Winter storage when your boat arrives at High Country $400.00**

**If you would like us to bill all work and Winter Storage to** *a different* **credit card than what is on file provide credit card #**

card #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ exp date\_\_\_\_\_\_\_\_\_\_\_v code\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I here by authorize the above work to be done along with the necessary materialsI hereby authorize High Country’s employees to operate my boat for the purposes of testing and transporting.I hereby release High Country and its owners, agents and employees for any and all liability to the above equipment, while it is stored at High Country, 403 Rt. 9 West, Wilmington, VT. I also understand that High Country will not be held responsible for loss or damage to the unit (or articles left in or with the unit) in case of fire, theft, accident, inclement weather conditions or any other cause beyond our control

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_

**\*\*\*REMEMBER YOUR SIGNATURE IS REQUIRED BEFORE ANY WORK CAN TAKE PLACE\*\*\***