



P.O. Box 2821
Edgartown, MA 02539
508 627-7500
508 627-7245 fax

(date)

This is to confirm a sail with _____,
(name of party)
aboard the Mad Max on _____,
(day, date, and time)
rain or shine. The total amount due is \$ _____. To confirm your
reservation,

payment must be received within 7 days along with a signed copy of this
agreement.

Thank You

(printed name)

(signature of charterer)

(date)

Contact Name: _____

Contact Phone #'s: _____

CANCELLATION POLICY:

If you choose to cancel you must do so no less than 60 days prior to your sailing date, in which case you will receive a 50% refund of the total amount.

Cancellations made less than 60 days prior to your sailing date are non-refundable.

Trips cancelled by Mad Max receive a full refund.

Received \$ _____ on _____ .