

Berth Reservation

Surname & Initials: _____

Name Of Vessel: _____

Period: _____ to _____

Make: _____

Length: _____ Beam: _____

Draft: _____ Weight: _____

Address: _____

Postal Code: _____

Telephone: (Work) _____

(Home) _____

Mobile: _____

Fax: _____

E-mail: _____

Kaliva Owner: Yes / No

Let the festivities begin!

☎ 022 707 7000

📧 info@clubmykonos.co.za

www.clubmykonos.co.za

