

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

(date)

This is to confirm a	sail with	,		
aboard the Mad Max on _			of party)	
rain or shine. The total am reservation,		(day, date, and ti	me)	
payment must be received	within 7 day	rs along with a	signed copy of this	
agreement.	Thank You			
-	(printed	l name)	-	
	(signature	of charterer)	(date)	
Contact Name:				
Contact Phone #'s:				
<u>CANCELLATION POLICY;</u> If you choose to cancel you mus which case you will receive a 50 Cancellations made less than 60 Trips cancelled by Mad Max rec ************************************	% refund of the days prior to yo eive a full refur *******	total amount. our sailing date are d.	non-refundable.	

MAD MAX 508.627.7500 P.O. Box 2821, Edgartown, MA. 02539