



316 Lincoln St.
Hingham, MA 02043
781-749-3250
www.3AMarine.com

2025/2026 WINTERIZATION CHECKLIST

This form is available on at www.3amarine.com (click on **Services** tab)

We are now scheduling appointments for this year's Fall/Winter service. Appointments will be scheduled on a first come, first serve basis. We would like to give you and your boat the attention that you both deserve. Don't delay, return the form today!!!

Name _____

Phone 1 _____ Phone 2 _____

Boat Make & Year _____ Email _____

Desired Launch or Pick-up date _____

Services will be performed at the labor rate of \$190 per hour plus materials unless otherwise indicated. Feel free to contact Patrick or John Griffin in our service department if you have any questions or would like an estimate on any of our services.

(781) 749-3250 or service@3amarine.com

Please check the services you would like performed.

- | | |
|--|---|
| <input type="checkbox"/> Haul or pickup boat. | <input type="checkbox"/> Winterize generator. |
| <input type="checkbox"/> Pressure wash hull. | <input type="checkbox"/> Clean boat. |
| <input type="checkbox"/> Winterize motor(s). | <input type="checkbox"/> Shrinkwrap. |
| <input type="checkbox"/> Winterize water systems. | <input type="checkbox"/> Delivery. |
| <input type="checkbox"/> Storage (requires Storage Agreement & Proof of Insurance) | |

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Transportation Rates (Local Hauling)

Boats to 19'\$300.00 / Boats to 23'\$325.00

Boats to 26'\$350.00 / Boats to 29'\$400.00

Boats over 30'Call for pricing

***Plus: Extra labor required to remove canvas tops, radar domes, arches, wideload permits, extra labor to deliver to slip/mooring. Additional charge for fueling boat prior to launch.

If you would like us to provide any additional services please list them below. We will contact you shortly.

I hereby authorize 3A MARINE SERVICE, INC. to perform the above checked services and understand that payment in full is due upon completion of service. **Boats will not be released or launched without payment in full.**

Select method of payment: ____MC/VISA/Discover/Amex ____Check ____Cash

Card#_____ Exp. Date_____ CID#_____

Authorized Signature

Date