



WINTER Storage

BOATS, VEHICLES, & RV STORAGE AT ORE

Name _____

Address _____

City/Province _____ Postal Code _____

Phone (res.) _____ (bus.) _____ (cell) _____

Email _____

Description of Unit _____ Approx. Value \$ _____

License # _____ Unit Length _____ (ft)

Alternate Contact Name _____

Alternate Contact Phone _____

Pick up date (approximate): _____

STORAGE OPTIONS:

- | | |
|--|---|
| <input type="checkbox"/> Full Season Indoor - \$400 + gst | <input type="checkbox"/> Full Season Outdoor - \$200 + gst |
| <input type="checkbox"/> Monthly Indoor - \$75/month + gst | <input type="checkbox"/> Monthly Outdoor - \$40/month + gst |
| o Months _____ | o Months _____ |

REGULATIONS

- **Payment to be made upon delivery** by cash, cheque, MC/VISA, or e-transferring
office@oldsregionalexhibition.com password: storage
- **Acceptance of Units:**
 - o **October 1st-October 30th** between 8:30 am – 4:30 pm (for alternate date please call ORE)
- **Release of Units:**
 - o **April 13th-April 26th** between 8:30 am – 4:30 pm (please call ORE to arrange time of pickup)
 - o No units will be let out of storage without prior arrangements

VEHICLE STORAGE WAIVER OF LIABILITY

I release Olds regional Exhibition, its employees, directors, executive and volunteers from any loss or damages that may occur to my unit while in storage on Olds Regional Exhibition's grounds during the 2020-2021 storage term. While every effort is made to ensure the storage area is free of rodents, please be aware that there is no guarantee of this status.

I am aware that while my unit is in storage I must provide insurance coverage for fire, theft, and vandalism. Proof of insurance (a letter from your insurance company) must be provided to Olds Regional Exhibition with this application.

IT IS MY RESPONSIBILITY TO:

- Remove any portable propane or gas tanks from the unit.
- Treat with/install fuel stabilizer.
- Disconnect or remove the battery/batteries from the unit.
- Remove any valuables from the unit.



CONTACT

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WEB: www.oldsregionalexhibition.com

SIGNATURE _____ DATE _____

AMOUNT PAID (office use only) _____ DATE _____