



**GPH ANTIGUA LTD.**

## **CAR PARK APPLICATION FORM**

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First Name:

Last Name:

Email Address:

Phone No.:

Vehicle Type:

Make\_\_\_\_\_ Model\_\_\_\_\_

Year\_\_\_\_\_ Colour\_\_\_\_\_

Start Date\_\_\_\_\_ End Date\_\_\_\_\_

Amount Paid: \$\_\_\_\_\_

DISCLAIMER NOTICE: Vehicles and their contents are left at the owner's risk. Antigua Cruise Port/GPH Antigua does not accept responsibility for any loss or damage to vehicle or contents.

*Signed by:*

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PRINT NAME

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SIGNATURE

Antigua Cruise Port  
Heritage Quay, Thames Street  
St. John's, Antigua  
Tel: (268)736-0770  
email: [info@antiguacruiseport.com](mailto:info@antiguacruiseport.com)

**[www.antiguacruiseport.com](http://www.antiguacruiseport.com)**