



Cruising Yacht Club
of South Australia

VISITING VESSELS

PERSONAL DETAILS

NAME: _____

CONTACT ADDRESS: _____

NEXT OF KIN: _____

PHONE: _____

MOBILE: _____

EMAIL: _____

CREDIT CARD NO: _____ EXP: _____

**Please note that Amex will incur a 3% merchant fee*

BOAT DETAILS

BOAT NAME: _____

REGISTRATION NO: _____

TYPE OF VESSEL: _____

LENGTH: _____ BEAM: _____ DRAFT: _____

ISOLATING TRANSFORMER: YES / NO

INSURER: _____

MUST INCLUDE AT LEAST \$10,000,000 PUBLIC LIABILITY INSURANCE

**Copy of insurance must be provided showing current expiry date*

HOW DID YOU HEAR ABOUT OUR MARINA? _____

SIGNED: _____

DATE: _____

OFFICE USE

MOVE IN DATE: _____ MOVE OUT DATE: _____

BERTH ALLOCATION: _____ AMOUNT PER NT: _____

TEMP GATE CARD #: _____ RETURNED: _____