



PORT DALRYMPLE YACHT CLUB TRAILER PARK BOOKING FORM

CLUB INFORMATION

Trailer Park Position : _____

☐ Photo taken ☐ Invoice Sent (Members only)

Notes: _____

Owner: _____ YA No: _____

Address: _____

_____ Ph: _____

Please tick: PDYC Member ☐ Club/ Registered Vessel ☐ Non Member ☐

Vessel Name: _____ Sail /MAST Reg. No: _____

Vessel's Insurance Company: _____ Policy No: _____ Expiry Date: _____

Design: _____ LOA: (Meters) _____

Antifouling used: ☐ Not ☐ Hard ☐ Soft ☐ Ablating Brand Name: _____

Date trailer park required: _____ Short term spot rental _____ From _____ To _____

Please Note: all boat are to be secured to trailer with tie downs while stored in Trailer Park.

- I authorise PDYC to charge the full amount of this booking to the credit card nominated below.

VISA / MASTERCARD: _____ / _____ / _____ / _____ Expiry Date: _____

Cardholder's Name: _____ Cardholder's Signature: _____

- I have read and agree to abide by the Club By-laws, OHS&E policy.

Signed: _____ Date: _____