



VISITORS BERTHING REQUEST

Request to temporarily berth vessel in RVMYC marina

MEMBER/VISITOR NAME: _____

MEMBER KINDRED CLUB: _____

MEMBER OTHER CLUB: _____

POSTAL ADDRESS: _____

Phone AH: _____ BH: _____ MOBILE: _____

NAME OF BOAT: _____

LENGTH O.A. _____ BEAM: _____

DRAFT: _____ DESIGN: _____

VIC ROAD EXPIRY DATE: _____

INSURANCE CO: _____

POLICY NO: _____

EXPIRY DATE: / /

PUBLIC LIABILITY COVERAGE: _____

OTHER CONTACT NAME & PHONE NUMBER - WHEN OWNER NOT AVAILABLE:

• **REQUESTING BERTH:**

Days From ____ / ____ / ____ to ____ / ____ / ____

Approximate Arrival Time _____

• **Request RVMYC KEY/CARD (Deposit \$50.00 required) YES / NO**

• **Casual Daily Berthing Rate @ \$.....per day**

TOTAL COST \$ _____

Signed: _____ Date: / /

Member/Visitor

Berth Assigned _____ Date: / /

Visitor Advised _____ Date: / /

Approved: RVMYC Secretary/Manager Date: / /