



Cruising Yacht Club
of South Australia

SLIPPING NON-MEMBER VESSELS

PERSONAL DETAILS

NAME: _____

CONTACT ADDRESS: _____

PHONE / MOBILE: _____

EMAIL: _____

At the completion of the slipping service I authorize CYCSA to debit

CREDIT CARD NO: _____ EXP: _____

NAME ON CARD _____

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

BOAT DETAILS

BOAT NAME: _____

REGISTRATION NO: _____

TYPE OF VESSEL: _____

LENGTH: _____ BEAM: _____ DRAFT: _____

INSURANCE DETAILS

INSURER: _____

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

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

HOW DID YOU HEAR ABOUT OUR MARINA? _____

SIGNED: _____

DATE: _____

OFFICE USE

MOVE IN DATE: _____ MOVE OUT DATE: _____

CRADLE SIZE: _____

BOOKED IN CALENDAR