

ROSE CITY YACHT CLUB

MOORAGE REQUEST FORM

Please print and be complete in answers

New Slip

Improvement

Member #1 Name First _____ Last _____ Member #2 Name First _____ Last _____

Contact Information Member #1: E-Mail _____

Member #1 Phone: Cell _____ Home _____ Work _____

Contact Information Member #2: E-Mail _____

Member #2 Phone: Cell _____ Home _____ Work _____

Boat Information: Length _____ Beam _____ Draft _____ Boat Registration Number _____

Walk(s) Preferred _____ Date Moorage Needed _____

Insurance Information - Please attach a copy of the policy declarations page.

Insurance Company _____ Policy Number _____ Expiration Date _____

Pollution Liability Coverage - Yes No

Wreck Removal Coverage Yes No

In addition, the Board requires all members also provide emergency contact information. If an emergency occurred at the Club and you could not be reached, who would you wish the Club to notify about the emergency, who could then contact you and/or act in your behalf.

Name	Relationship	Home Phone	Cell Phone	Work Phone

How do you want your name(s) to appear on the name plaque? (Two Line Maximum)

Improvement wanted (if any) _____

Please read the current Moorage Rules published in the RCYC Yearbook and online. Only 30 amp flexible marine-grade cords may be plugged into dock outlets. The cord from the outlet to the boat must be continuous. A strain-relief pennant is required.

CURRENT MOORAGE RATES

Walk #	Boat Length	Rate/Quarter (up to 13' beam)	Add for Beam over 13'
One	34' and longer	\$217	\$1.39/inch
Two (a) slips 1-6	26' Maximum	\$100	n/a
Two (b)	32' to 36'	\$187	\$1.20/inch
Three	31' Maximum	\$171	n/a
Four	32' Maximum	\$171	\$1.10/inch
Five	34' and longer	\$201	\$1.29/inch
Breakwater	Variable	\$1.45/Foot/Month (plus \$3.00 for bow and stern lines on the breakwater)	n/a

Rates are billed quarterly, except for the breakwater. Walk 2, slip 8 is billed at \$171 per quarter.

All moored boats are required to have a current state registration decal.

Administrative Use Only: Copies to Moorage Chair, Insurance Chair, Resident Members

Date Received _____ Assigned to Walk/Slip # _____ Date _____

Board Vote _____ Assigned to Walk/Slip # _____ Date _____

Sworn In _____ Assigned to Walk/Slip# _____ Date _____