



DEL REY YACHT CLUB

SLIP/MOORING REQUEST FORM

(for guest boats)

Submit to: asstmgr@dryc.org AT LEAST 7 DAYS BEFORE THE DATE REQUESTED

Date/Dates Requested: _____

Boat Name: _____

Event Name: _____

CF or Doc #: _____

Owner Name: _____

LOA: _____

Email: _____

Beam: _____

Phone #: _____

Draft: _____

LIABILITY INSURANCE: MINIMUM \$500,000. A COPY MUST BE SUBMITTED WITH THIS DOCUMENT.

Insurance Carrier: _____

Policy#: _____

Expiration Date: _____

A BATHROOM KEY REQUIRES A \$25 DEPOSIT. PLEASE INCLUDE YOUR CREDIT CARD INFORMATION.

Credit Card#: _____

Exp Date: _____ Security Code: _____

SIGNATURE: _____

Date: _____

FOR OFFICE USE ONLY

Port Captain Confirmation: _____ Date/Time Received in Office: _____

Entered into Computer by: _____ Date Entered: _____