



CITY OF
LONG BEACH

MARINE BUREAU

Long Beach Shoreline Marina
450 East Shoreline Dr. Long Beach Ca 90802
562 570-4950 Fax: 562 570-1799

Alamitos Bay Marina
205 Marina Dr. Long Beach Ca 90803
562 570-3215 Fax: 562 570-3247

Rainbow Harbor/Marina
2006 Aquarium Way Long Beach Ca 90802
562 570-8636 Fax: 562 570-8640



Reciprocal Slip Agreement Seal Beach Yacht Club / Guests

Date: _____ Gangway: _____ Slip Assigned: _____

Yacht Owner's Name (Print): _____

Yacht Name: _____

Arrival Date: _____ Check in 12pm: _____ Departure Date: _____ Check Out 10am: _____

Yacht Club Affiliation Name: _____ Member # _____

Owner's Email Address: _____

Owner's Phone Number(s): Cell: _____ Home: _____ Other: _____

Vessel Documentation Number/ CF#: _____ Type: Power Sail LOA: _____ Beam: _____

Emergency Contact Name and Phone # (if you cannot be reached): _____

Permission is given to Seal Beach Yacht Club to move my boat if they find it necessary, I understand that if a SIBYC slip holder returns prematurely, I will be assigned to another available slip or end-tie. I understand that existing dock lines are not to be moved by visiting yachtsmen. Mooring privileges are at guest's own risk and SIBYC/City of Long Beach shall not be liable for any loss or damage while my vessel is in the marina.

I have received a copy of Alamitos Bay Marina's "Marina's Rules and Regulations" and I agree to abide by all rules, regulations, and policies of Alamitos Bay Marina (City of Long Beach) and Seal Beach Yacht Club. I understand that if I need to extend my stay beyond the length of this agreement, I must register as a guest with the Marina office and pay guest fees in the amount of \$1.48 per foot, length overall, per day.

Guest Signature: _____ **Date:** _____

OFFICE USE:

Number of Nights: _____

Approved by: _____ (Port Captain/ Rear Commodore) Date: _____

Date provided to Marina Office: _____

Approved by: _____ (Harbor Master) Date: _____

Date provided to SIBYC Office: _____ Transmission by: Fax _____ Email _____