

OYC 2017 DaySailer/Boat Registration

Date: _____

Name: _____

Address: _____

Phone (home): _____ Cell Phone: _____

Email Address: _____

DaySailer/Boat Hull # _____ Sail # _____

DaySailer/Boat Color: _____ Boat Name: _____

Trailer License Plate Yes _____ No _____

Trailer License Plate Number: _____ State: _____

Preferred method to reach you in the event that your boat/trailer must be moved for any reason:

Signature: _____

Trailer/Boat Parking Fee: \$50 Date Paid: _____ Method: _____

Make Checks Payable to: Orleans Yacht Club
Return to: Steve Tenczar, Rear Commodore
P.O. Box 145, Orleans, MA 02643