

## 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