



Bayview Yacht Club

GUEST DOCK REGISTRATION

Vessel Name _____ Well Assignment _____

Skipper's Name _____

FOP: Check # Cash or CC: _____ exp _____ code _____
We only need fop information if docking over 24 hours

Home Address _____

City _____ State _____ Zip _____

Cell Phone _____ PHONE (W) _____

Email address: _____

Would you like to get periodic emails from Bayview regarding events? _____

Boat Size: Beam _____ Length _____ Draft _____

**MEMBER RATE: \$1.25 PER FOOT PER DAY. MAXIMUM STAY SIX DAYS
UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.**

**NON-MEMBER RATE: \$1.50 PER FOOT PER DAY. MAXIMUM STAY SIX DAYS
UNLESS PRIOR ARRANGEMENTS HAVE BEEN MADE.**

Date of Arrival: _____ Arrival Time _____

Date of Departure _____ Departure Time _____

I Hereby Agree to Abide by All Harbor Rules and House Rules of Bayview Yacht Club.

Office use only!
Well Assignment _____
Amount Due: _____

Skipper or Owner

Harbor Master or Fleet Captain