



**KINGSTON YACHT CLUB
DRY MOORING APPLICATION - 2010**

DRY MOORING FEES

Dry Keel Mooring	2/3 of Wet Mooring Rates	+	HST	=	Variable
minimum	\$488.00	+	HST	=	\$551.44
Dry Dinghy Mooring	\$310.00	+	HST	=	\$350.30
Laser on dolly	\$205.00	+	HST	=	\$231.65
Laser on rack	\$155.00	+	HST	=	\$175.15
Sailboard/Tender	\$92.00	+	HST	=	\$103.96

APPLICANT

Name _____ KYC # _____
(Please Print)

Address _____ Postal Code _____

Telephone: Home _____ Business _____

Email: _____

GENERAL BOAT INFORMATION

MEASUREMENT (Feet, Pounds)

Boat Name or Number _____ Length _____

Design or Class _____ Beam _____

Racing Sail Number _____ Draft _____

Hull Colour _____ Weight _____

REGULATIONS: As a condition of dry mooring at KYC the applicant agrees that he/she will abide by the Club mooring and general regulations, copies of which are available at the KYC Office. Members who wish to use the Club facilities must also sign the WAIVER OF LIABILITY (on reverse) and must be INSURED as detailed in the mooring regulations

PAYMENT: Payment in full (credit card or cheque made payable to Kingston Yacht Club) must accompany the mooring application.

REMOVAL: All dry sailed boats must be removed from KYC property by Sunday, 10 October 2010. This is to facilitate haul-out arrangements.

Signature _____ Date _____

OFFICE USE ONLY

Date Received _____ Received By _____ Amt Received \$ _____

Slip # _____ Letter Sent _____

WAIVER OF LIABILITY

In consideration of the Kingston Yacht Club (the "Club") permitting me and my boat _____
_____ to use the Club facilities and participate in Club activities, and without limiting the
foregoing including the mooring and/or storage of my boat at the Club, participation in Club
sailing races, and other sailing and social events. I release the Club from any claim or action of
any kind whatsoever for damage, loss or injury that may occur during the 2010 season.
Furthermore, I release the Club from any such claim or action by my heirs or personal
representatives.

DATED AT KINGSTON, ONTARIO THIS _____ DAY OF _____, 2010.

Applicant (Please print name)

Witness (Please print name)

Signature

Signature

DETAILS OF INSURANCE

Insurance Company _____

Agent _____

Policy Number _____ Expiry Date _____

Amount of Third Party Coverage \$ _____