

Gulfport Yacht Club

Slip Application

GYC Office Use Only:	
Date Form Submitted:	_____
Form _____	Ins. _____
Date Slip Assigned:	_____
Pier _____	Slip # _____ Slip length _____
Monthly: Rate _____	Utilities _____

Member Information

Owner Name _____
GYC # _____
Email _____
Phone _____
Cell _____
Address _____
City _____
State _____ Zip _____

Owner 2 _____
GYC # _____
Email _____
Phone _____
Cell _____
Address _____
City _____
State _____ Zip _____

Owner 3 _____
GYC # _____
Email _____
Phone _____
Cell _____
Address _____
City _____
State _____ Zip _____

Emergency Contact

Name _____
Phone _____
Cell _____
Relationship _____

Date Slip Needed _____

Vessel Information

Type: Power Sail Multi-Hull
Name _____
Builder _____
Year _____
Length (ft) _____
Beam (ft) _____
Draft (ft) _____
Registration# _____
Hull Material _____

Power & Water

Power Type: 30amp 50amp
(Select all that apply)
 Air Conditioner Dehumidifier
 Battery Charger Wash Monthly

Insurance Information

Ins. Company _____
Agent _____
Coverage _____
Policy # _____
(submit copy of policy with this form)

For information on GYC Docks and Piers Please Contact Chairmen
Michael Hage (228)697-8880 - MHage@allsignsgulfport.com