

CATALINA 37 CHARTER APPLICATION

CHARTERER'S NAME: _____

TEAM NAME: _____

MAILING ADDRESS: _____

TELEPHONE: Cell: () _____ Work: () _____

EMAIL: _____ Alternate Contact Info: _____

HELMSPERSON* _____

(*Must complete of balance of Charter Application)

DATE OF BIRTH:

OCCUPATION:

COMPANY NAME:

YACHT CLUB AFFILIATION:

TYPE OF BOAT OWNED:

NUMBER OF YEARS SAILING:

(ATTACH SAILING RESUME IF NOT CURRENTLY ON FILE WITH THE LBYC SAILING FOUNDATION)

PLEASE LIST 2 RECENT REGATTAS ENTERED (DATE & TYPE OF BOAT) :

1.

2.

HAVE YOU HAD ANY MARINE INSURANCE CLAIMS WITHIN LAST 2 YEARS?

IF YES, PLEASE EXPLAIN ON AN ATTACHMENT TO THIS FORM:

PLEASE LIST TWO SAILING REFERENCES (UNRELATED TO YOU):

NAME

ADDRESS

PHONE

RELATIONSHIP TO YOU

NAME

ADDRESS

PHONE

RELATIONSHIP TO YOU

NOTE:

PLEASE RETURN THIS APPLICATION BY EMAIL TO CHARTERMANAGER@LBYCSF.ORG . YOUR APPLICATION AND SAILING RESUME MUST BE APPROVED PRIOR TO ACCEPTANCE OF YOUR CHARTER. YOU WILL BE NOTIFIED OF SUCH APPROVAL BY RETURN EMAIL. THANK YOU FOR YOUR APPLICATION.

PAYMENT METHODS

- CHECK [PAYABLE TO LONG BEACH SAILING FOUNDATION]
- CREDIT CARD [VISA, M/C]

CARD NUMBER _____ Exp ____ / ____ Code _____
CARDHOLDER NAME _____

PAYMENT OF \$50 OF THE CHARTER FEE + CLASS ASSOCIATION FEE (\$30 ANNUALLY) IS REQUIRED TO SECURE YOUR CHARTER AND COMPLETE THIS APPLICATION. PAYMENT OF THE BALANCE OF THE CHARTER FEE IS DUE 5 DAYS PRIOR TO THE CHARTER AND IS NON REFUNDABLE AT THAT TIME.

LONG BEACH RACE WEEK IS MANAGED USING A DIFFERENT PROCESS. EMAIL CHARTERMANAGER@LBYCSF.ORG IF YOU ARE APPLYING TO CHARTER FOR LONG BEACH RACE WEEK.

THE DAMAGE DEPOSIT IS REQUIRED PRIOR TO RELEASE OF THE CHARTERED BOAT. CONTACT THE CHARTER MANAGER AT CHARTERMANAGER@LBYCSF.ORG IF YOU HAVE ANY QUESTIONS.

<p>Send <u>all</u> signed forms to:</p>	<p>Charter Manager – Long Beach Sailing Foundation c/o Long Beach Yacht Club 6201 Appian Way Long Beach, CA 90803</p>
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