SUMMER BERTHING CONTRACT The Halloween Yacht Club, Inc.

www.hyc.net (203) 348-5510
10 Seaview Avenue, Stamford, CT 06902-6036

Date:/	/	10 Seaview Avenue, Stam	mora, C1 00902-0030
The unde	ersigned, a Memb	er in good standing of The Hallow	ween Yacht Club, Inc, applies for (please print or type):
		☐ Summer Berth Type of Be	Boat: □ Power □ Sail
Length:	Beam:	CT Registration #: CT	or Documentation #
Boat Name: _		Make /	e / Model:
	s: «Email»	.» ord, CT ZIP: «Billing_ZIP»	
Emer	gency Contact:		Phone:
provide having While to Stamfor sinking equipm proper If the E 72 hou Holder The Bo berthir Each M must & registr docum A copy agrees All ber complete	ed to the Member read the By-Laws the boat is on Clubred nor the Office g, or vandalism, nenent or stores. Mety. Berth Holder's boat is at his or her extra for all normal and exthing Committee in g. Member must subroce received by the ation issued each to fit the Instruction to comply with set the holders are received will be billed er to ensure work.	r in good standing according to to and Rules and agrees to comply with property or in the lagoon, the Meers or Employees liable for loss for the bodily injury or damage that ember further acknowledges liabile to sinks in the lagoon, for any reason expense. If not, the Club will have to reserve the right to verity the best properties to an april by the state must be received an April by the state must be received by the sta	Member shall not hold The Halloween Yacht Club, The City or damages due to fire, theft, storm, collision, explosion at may be sustained by the Member or by the Member's boatility for any such event and for damages there from to Cluson, it shall be raised and removed by the Berth Holder with the the right to raise and remove the boat and to bill the Bernoval of the boat. boat length and beam measurement and the assignment cumentation. Further, a new copy of the insurance certificate expiration date of the policy. A copy of the current year ceived by June 1st of each year. Failure to submit these
nours)		LDER IS ASSIGNED A SLIP. THE FOLLOWIN	ING MUST BE RETURNED TO THE BERTHING COMMITTEE:
CopyTop h	of current CT regis of current Certificat alf of invoice along	tration on a 8 1/2" x 11" paper te of Insurance with a minimum of \$10 with payment.	100,000.00 liability.
of the above be	oat, co-owner must		oming from the wait list, if there is a co-owner (other than spouse greater than next most senior Member applying for a space (cong).
Member Signa	ture:		Seniority#: «Billing_Country»
Co-Owner Name:			Home Phone (203):
Co-Owner Address:			Stamford, CT_Zip:
Signature:			Seniority #
		nan:	

Berth / Rack Assigned #: