**BUCKLANDS BEACH YACHT CLUB INC.**

**HAUL OUT APPLICATION 2022**

Office Hours Monday – Friday 0900-1700hrs. Telephone 534-3046, reception@bbyc.org.nz

P.O. Box 54-005, The Marina, Auckland 2144

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Owners Name  |  | BBYC member no  |  | Phone no  |  |
| Address: |  |  |  | Work: |  |
| Email: |  |  |  | Mobile: |  |
| Desired Date for Hauling: |  |  | Desired Date for Re-launch |  |  |
|  |  |  | ***Confirm with Graeme Fearnley 027 6499144 on week before***  |
| Vessel’s Name  |  |  | Type or Class  |  |  |
| Length: |  | Draft: | Beam: |  | Approx. Weight: |
|  |  |  |  |  |  |
| Has the owner hauled a boat at BBYC before?: | YES/NO | Is mast or engine lift intended? | YES/NO |
| Has owner used intended cradle before?: | YES/NO | Is spray painting or antifouling intended? | YES/NO |
|  |  |  | Is water blasting intended  |  (Refer rule 9.05) |  YES/NO |
|  |  |  |  |  |  |
| Insurance company:*Proof of Insurance required* |  |  | Vessel’s Insured Value: |  |  |
|  |  |  |  | **Cradle: Do you have a cradle (either owned personally or arranged privately)?** Yes / No* If **Yes**, please name the person providing it so Haulout can check its suitability.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* If **No**, Haulout will use its best endeavours to source a cradle on loan for you and will be in touch.
 |  |
| **Enclosed** | **Deposit $50.00** |  |  |  |  |
|  |  |  |  |  |  |

**Declaration:**

* **I declare that I have a current, fully paid for the entire financial year, membership of the Bucklands Beach Yacht Club Inc; and**
* **I have read and understood the Haul Out Rules on the attached pages: and**
* **I have read and carefully viewed the Haulout safety video on the BBYC website which explains the procedures which must be followed; and**
* **I acknowledge that the Bucklands Beach Yacht Inc. is not responsible for any loss or damage to my boat arising from hauling out, re-launching or storing of my boat or equipment; and**
* **I agree that I am totally responsible for the suitability of the cradle for my boat, the correct set-up of the cradle and for the security of the boat in the cradle at all times (both during hauling, whilst on the hardstand and re-launching); and**
* **I agree to pay all dues prior to launching.**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Name (Print): |  |
| Boat: |  | Witness: |  |
| Date: |  | Witness Name: |  |

**FOR OFFICE USE ONLY:**

Deposit of $50 received on / / Signed



|  |  |  |
| --- | --- | --- |
| Haul Date  |  / / | $ |
| Launch Date |  / / | $ |
| Elapsed time (weeks)  |  | $ |
| Period weeks @ | $ | $ |
|  Weeks @ | $ | $ |
| Auckland Council Coastal Recovery Levy |  | $ 5.00 |
| Total |  | $ |
| Less Deposit Paid |  | $ |
| **TOTAL TO PAY**  |  | **$** |