**BUCKLANDS BEACH YACHT CLUB INC.**

**HAUL OUT APPLICATION 2020**

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 K Greenhalgh 1 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 9.04) | | | | YES/NO | |
|  |  | | |  | | |  | |  | | | | |  | |
| Insurance company: | |  | |  | | | Vessel’s Insured Value:? | | | |  | | |  | |
|  |  | | |  | | |  | |  | | | | |  | |
| **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 correct set-up of the cradle and for the security of the boat in the cradle at all times (both during hauling and whilst on the hardstand); 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

**Hauling Fees:**

< 9m LOA $34

9-10m LOA $43

10-11m LOA $51

11-12m LOA $57

>12m LOA $62

**Utility Fees**:

Monohulls <= 8 weeks $29/week

>8 weeks $40/week

Mulithulls <= 8 weeks $51/week

>8 weeks $67/week

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