

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 ____/____ VCode _____
Billing Address Zip Code _____ CARDHOLDER _____

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. 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.

Send all signed forms to: chartermanager@lbycsf.org

or

Charter Manager
Long Beach Sailing Foundation
6201 Appian Way
Long Beach, CA 90803