



MACASSA BAY YACHT CLUB

Winter Storage Request Form

FULL NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL : _____

DATE SUBMITTED: _____

MEMBER TYPE: FULL MEMBER SOCIAL MEMBER

BOAT TYPE: SAIL POWER

NAME OF BOAT: _____

DIMENSIONS: LOA _____

WIDTH _____

DRAFT _____

REMARKS: _____

SIGNATURE: _____

OFFICE USE ONLY _____

APPROVED:

NOT APPROVED:

SIGNATURE: _____ DATE: _____