

Bay View Yacht Club

Member #1 First Name: _____ Last Name: _____

Member #2 First Name: _____ Last Name: _____

Address: _____ Marina: _____

City: _____ Dock/Slip: _____

State: _____ Zip: _____ Boat Type: _____

Mobile #: _____ Boat Name: _____

Home #: _____ Boat Length: _____

Work #: _____ Sail #: _____

Email Address #1: _____ PHRF: _____

Email Address #2: _____ TX Registration #: _____

Emergency Name: _____ Insurance on file: _____

Emergency Phone: _____ Crew On: _____

Have you signed the Official BVYC Release Form? (Y) (N)