



VESSEL MOVEMENT REGISTRATION FORM

SKIPPER NAME: _____ MEMBER NO: _____

MOBILE NO: _____ NEXT OF KIN _____

BOAT NAME: _____ REGISTRATION: _____

HULL COLOUR _____ DECK COLOUR: _____

DISTINCTIVE FEATURES _____

RADIOS: VHF / HF / 27 Mhz CALL SIGN: _____

MAIN MEANS OF PROPULSION: Sail / Motor / Combination

CREW NAME/S: _____ MEMBER NO: _____

_____ MEMBER NO: _____

_____ MEMBER NO: _____

_____ MEMBER NO: _____

Trip details, please provide summary of planned route including estimated dates: _____

IS THE VOYAGE A DELIVERY TO ANOTHER EVENT: Y / N

Your signature below indicates that you **have read, understand, and agree** to comply with all practices outlined in the Sandringham Yacht Club Incorporated's Occupational Health & Safety Policy & Procedures and confirm that **you have read, understood and agree** to the terms and conditions with the entire Club's House Rules as outlined in Sandringham Yacht Club Incorporated Constitution and Sandringham Yacht Club Incorporated By-Laws documents.

Signed: _____ Date: _____

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