

DROITWICH SPA MARINA - APPLICATION FOR MOORING



Name of owner/s:		
Home address: (Principal Private Address)		
Postcode:	Home phone:	
Email address:		Please Email invoices Y N
Mobile 1:	Mobile 2:	
Next of Kin name (if an emergency):		
Next of Kin phone:	Next of Kin Email:	
Name of Vessel:	Overall Length: mtrs	ft
CRT Registration No:	Licence Expiry Date:	
Boat Safety Cert:	Expiry Date:	
Name of Insurance Company:		
Policy Number:	Renewal Date:	
Car Number Plate/s:		
Anticipated date of mooring commencement		
Expected length of stay		
I enclose my deposit fee of £199 (The deposit reserves a mooring for up to 3 months unless otherwise agreed)	Tariff/usage: (please see guidance with mooring rates) Standard Usage Higher Usage	
I wish to be charged: monthly quarterly annually 3yrs <i>All moorings fees to be paid in advance.</i>		
My boat is currently moored at:	How did you hear about Droitwich Spa Marina?	
It would be helpful if you can include a photo of the principal owner/s. These will remain in the office and will not be put on display. (please put the name of the people in the photograph on the back of the photo)		
I HAVE READ AND AGREE TO ABIDE BY THE TERMS & CONDITIONS AS SET OUT BY DROITWICH SPA MARINA LTD Note: - 3 months Notice is required to terminate the mooring. We understand there are no residential moorings. - Boats may not be offered for sale or shown to prospective purchasers except through the Company's nominated brokerage.		
Signed (Owner): _____ Date: _____ I authorise DSM to retain my information and not to share it with any 3 rd party, in compliance of the GDPR Regulations.		
ADMIN ONLY: Actual Date of Mooring Commencement Berth Allocation		
RESERVATION FEE: Amount £..... Card / Cheque / Cash / BACS Name on cheque / BACS Date payment rec'd By DSM Invoice No.		
MOORING FEES: Amount Due £..... Frequency - Monthly / Quarterly / Annually 1 st payment received (date):..... FD Recorded by: Card / Cheque / Cash / BACS / Standing Order Name on cheque / BACS / S-O 1 st invoice no Notes:		