

# DROITWICH SPA MARINA - APPLICATION FOR MOORING



Name of owner/s:		
Home address:		
Postcode	Home phone:	
Email address:		
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:		
Anticipated mooring duration:	Mooring number requested:	
Tariff/usage: (please see guidance with mooring rates)		
I enclose my deposit fee of £199 <small>(The deposit reserves a mooring for up to 3 months unless otherwise agreed)</small>		
I wish to be charged monthly / quarterly / annually /3yrs <i>(delete as appropriate). All moorings fees to be paid in advance.</i>		
I wish to pay for my mooring by; cash / cheque / card / standing order / BACS		
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.		
Signed (Owner):		Date:
I authorise DSM to retain my information and not to share it with any 3 <sup>rd</sup> 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 <sup>st</sup> payment received (date):.....    FD Recorded by: ..... Card / Cheque / Cash / BACS / Standing Order    Name on cheque / BACS / S-O ..... 1 <sup>st</sup> invoice no .....    Recurring invoice created ..... (date & initial)		
Notes:		