



CLAREMONT YACHT CLUB Inc

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PEN TRANSFER APPLICATION

Member Name: _____

Name of Vessel: _____

Current Pen # _____

Current Pen Category: _____

Requested Pen # *or* Jetty preference *(if applicable)*

Overall Length of Boat: _____
(Bowsprit to Swim Board)

Category: Power *or* Sail

Requested Date of Transfer: _____

Application Date: _____

PLEASE COMPLETE IF YOU HAVE A NEW BOAT:

Name of New Boat: _____

Colour: _____

Category: Power *or* Sail

Overall Length:
(Bowsprit to Swim Board)

Model: _____

Beam: _____

Fuel Type: ULP *or* Diesel

Draft: _____

DOT Registration # _____

DOT Expiry: _____

Insurer: _____

Insurance Expiry: _____

VSID -Date Completed: _____