

**Seal Beach Yacht Club**  
**Request for SLBYC Controlled Slip**

**Request Date:** \_\_\_\_\_

**Member Name:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

**Member Phone Number:** \_\_\_\_\_

**Member Email Address:** \_\_\_\_\_

**Boat Name:** \_\_\_\_\_

**Length:** \_\_\_\_\_

**Beam:** \_\_\_\_\_

**Boat Type:** \_\_\_\_\_

**CF / Doc Numbers:** \_\_\_\_\_

**Boat Currently Located:** \_\_\_\_\_

**Requested Slip Size (circle):**      20   25   30   35   40   45   50   Other

**Other:** \_\_\_\_\_

<b>For office use only</b>	
<b>Deposit Received (\$50)</b>	Yes ___ No ___ Reason _____
<b>New Member?</b>	Yes ___ No ___
<b>Request Added To Database?</b>	Yes ___ No ___ Reason _____
<b>Membership Approval</b>	_____
<b>Port Captain Approval</b>	_____
<b>Flag Approval</b>	_____