

# SEA SERVICES

Vat no: 4560213136

## APPLICATION FOR HAUL-OUT / SLIP FACILITY AT KYC

BOAT NAME: ..... DATE: .....

OWNERS NAME: ..... KYC MEMBER / NON MEMBER /  
COMMERCIAL/ MEMBER COMMERCIAL

ADDRESS: ..... Email: .....

..... TEL: .....

BOAT OVERALL LENGHT: .....m BEAM: .....m DISPLACEMENT: .....m/ton

DRAFT .....m BOAT DISCRIPTION .....

REASON FOR HAUL-OUT: .....

PREFERRED DATES: .....

Confirmation of dates will be handled by Slip Facility Operator.

ESTIMATED TIME ON KYC PROPERTY: ..... days

<b>KYC FEE STUCTURE ONLY:</b>	MEMBERS – (under 9m)	4 DAY STAY	R130
(2022/23)	EACH ADDITIONAL WORKING DAY (excl.w/end,p/hol)		R 75
Excluding Sea Services fees	MEMBERS – (9m and over)	4 DAY STAY	R300
	EACH ADDITIONAL WORKING DAY (excl. w/end, p/hol)		R180
	NON-MEMBERS (under 9m)	ONCE OFF FEE	R315
		PLUS STAY PER DAY	R130
	NON-MEMBERS (Over 9m)	ONCE OFF FEE	R630
		PLUS STAY PER DAY	R220
	COMMERCIAL		R28/SQ meter
		PLUS STAY PER DAY	R270
	COMMERCIAL – MEMBERS		R22/SQ meter
		PLUS STAY PER DAY	R225

### **NB. Sea Services fees for slipping and relaunching and trailer rental and Labour are separate to KYC and will be determined by type and size of boat.**

Fees for members who participate and offer their vessels in Keelboat sailing on Saturdays will have their fees for first 5 days on hard waived at the discretion of the Offshore Sailing Secretary.

OFFICE USE ONLY:

Date Received: ..... Signed: .....  
Date Slipped Out: ..... In: ..... TOTAL Days Out .....

**ALL ARRANGEMENTS, INVOICING & PAYMENTS TO BE HANDLED DIRECTLY WITH SEA SERVICES (Dave Shilton – 0832808693 or Colin Forster - 0825698990 )**

## INDEMNITY

I ..... the undersigned, being the owner/skipper or duly authorised thereto by the owner of S/V ..... do hereby indemnify the Sea Services against any claim arising out of the use of the slipway, Knysna Yacht Club equipment and property during the haul-out and storing AND/or slipping of the said boat. This indemnity will cover any damage from any cause whatsoever to any person or property occasioned by the use of the said facilities.

SIGNED at KNYSNA on this..... day of ..... 20

NAME (Print) ..... SIGNATURE: .....

WITNESS 1: ..... WITNESS 2: .....