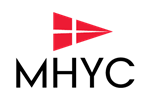
**Vessel Register Application**

VESSEL NAME

SAIL NO

REGISTRATION

DESIGN / CLASS

LOA (m)

PEN / MOORING LOCATION

AUDIT PERSON IN CHARGE

AUDIT P.I.C. PHONE

SAFETY CATEGORY

AUDIT COMPLETE

STICKER ISSUED (Admin Use)

PUBLIC LIABILITY INSURER

POLICY NO

RENEWAL DATE

CERTIFICATE OF CURRENCY PROVIDED (Admin Use)

OWNER NAME

MHYC MEMBER NO:

OWNER PHONE

OWNER EMAIL

SECONDARY CONTACT NAME

SECONDARY CONTACT PHONE

SECONDARY CONTACT EMAIL

Please return completed form to the MHYC Sailing Office – [sailing@mhyc.com.au](mailto:sailing@mhyc.com.au)