



DEL REY YACHT CLUB

REQUEST TO HAVE SLIP SUBLEASED

Member: _____ Member #: _____ Slip #: _____ Slip Size: _____

DATES THAT YOUR SLIP WILL BE AVAILABLE TO BE SUBLEASED

START DATE: _____ NUMBER OF MONTHS: _____ RETURN DATE: _____
1st of the month Return date must not be earlier than the 1st of the month

REASON YOUR SLIP WILL BE VACANT (*CHECK ONE*)

Cruising Repair Looking to Purchase/Selling Building a Boat

Other: _____
(PLEASE DESCRIBE)

I UNDERSTAND THAT DRYC WILL TRY TO SUBLET MY SLIP FOR THE TIME PERIOD INDICATED ABOVE. I FURTHER UNDERSTAND THAT MY SLIP, ONCE SUBLET, MAY NOT BE AVAILABLE TO ME PRIOR TO THE "RETURN DATE" INDICATED ABOVE. IF A CHANGE OF RETURN DATE IS NECESSARY, A 30 DAY ADVANCE WRITTEN NOTICE OF THE CHANGE WILL BE REQUIRED. ALL SLIPS ARE SUBLET FROM THE 1ST OF THE MONTH THROUGH THE LAST DAY OF EACH MONTH. SLIPS ARE NEVER SUBLET ON A PARTIAL OR PRORATED BASIS.

NOTE: Please complete all blanks, sign and date this REQUEST TO HAVE SLIP SUBLET form and then submit the completed form to the Port Captain.

Signed: _____ Date: _____

FOR OFFICE USE ONLY

Port Captain Confirmation: _____ Date/Time Received: ____/____/____

Entered into Computer by: _____ Date/Time: ____/____/____