

**BAY SHORE YACHT CLUB
SLIP LEASE APPLICATION 2026**

Date: _____

Slip Number: _____ Slip Owners Name: _____

Name of Lessee: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Email Address: _____

Daytime Phone: _____ Cell: _____ Work: _____

Emergency Contact: _____

Boat Year/Manufacturer/Model: _____

LOA: _____ Beam: _____ Registration No: _____ Boat Name: _____

I acknowledge that I have received and read a copy of the Rules and Regulations. **LESSEE AGREES TO PROVIDE BAY SHORE YACHT CLUB WITH A CERTIFICATE OF INSURANCE TO SHOW PROOF OF LIABILITY COVERAGE PRIOR TO LAUNCH. INSURANCE COVERAGE MUST MEET THE FOLLOWING MINIMUM REQUIREMENTS: \$500,000 WATERCRAFT LIABILITY COVERAGE NAMING BSYC AS ADDITIONAL INSURED. AN UMBRELLA POLICY WITH THE ABOVE PRESCRIBED LIMITS IS ALSO ACCEPTABLE. ANY BOAT NOT IN COMPLIANCE SHALL BE REMOVED FROM THE SLIP.**

Failure to adhere to any of the By Laws or Rules and Regulations could lead to the revocation of the rights and Club Privileges. Parking passes will be issued upon receipt of (1) Application and (2) Proof of Insurance. **Please send all documents:** by email to secretarybsyc@gmail.com or mail to Linda Desmond, BSYC PO Box 5176, Laconia, NH 03247-5176. NOTE: Pictures of insurance sent by email are not accepted. You can scan the document and send it as an attachment or have your insurance agent forward documents to the above email address.

Lessee signature: _____ Date: _____

Board of Directors

Approved Date:

Not Approved Date:

President BSYC