



MOTOR BOAT REGISTER

MEMBER/VISITOR NAME: _____

Address: _____

Postal Address: _____

Email Address: _____

Phone numbers: MOBILE: _____

AH: _____ BH: _____

NAME OF BOAT: _____

LENGTH O.A. _____ BEAM: _____

DRAFT: _____ DESIGN: _____

VIC ROAD EXPIRY DATE: _____

INSURANCE CO: _____

POLICY NO: _____

PUBLIC LIABILITY: \$ _____

RV NUMBER ALLOCATED: _____

EMERGENCY CONTACT: NAME & NUMBER WHEN OWNER NOT AVAILABLE:

Signed: _____
Member/Visitor

Date

Signed: _____
RVMYC Secretary

Date