



# Berth Application

Raby Bay Marina Pty Ltd  
14-16 Masthead Drive  
Cleveland QLD 4163  
reception@phyb.com.au  
Phone: 3821 4144

## Vessel's Details

Vessel Name: \_\_\_\_\_

Make: \_\_\_\_\_

Type: \_\_\_\_\_ Mono:  Multi:

Length Overall: \_\_\_\_\_ Beam: \_\_\_\_\_

Draft: \_\_\_\_\_ Weight: \_\_\_\_\_

Registration No: \_\_\_\_\_

Fuel Type & Capacity: \_\_\_\_\_

Animals on board: \_\_\_\_\_

## Owner's Details

Surname: \_\_\_\_\_

Given Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Suburb: \_\_\_\_\_

State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Rental Details

Arrival Date: \_\_\_\_\_

Departure Date: \_\_\_\_\_

Term: Daily:  1wk:  4wks:  13wks:

Indefinite:  Berth owner:

## Insurance Details

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Value of cover: (please attach a copy)

Loss/Damage: \_\_\_\_\_

Public Liability: \_\_\_\_\_ (min \$10mil)

## Emergency Contact's Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I/We request that Raby Bay Marina Pty Ltd allocate a berth for the Term.  
I/We have been informed and understand the MARINA RULES AND REGULATIONS and I/we state that  
I/we will comply with these rules to their full effect.  
I/We acknowledge that rental occupancy of a berth is on a NO REFUND / TRANSFER basis.  
I/We acknowledge there is a non-refundable \$10 fee charged per Marina access key.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_