

Received: ___/___/___



Sandusky Sailing Club
Sadler Sailing Basin
Dockage / Waiting List Application

Boat Owner: _____

Address: _____

City, State, Zip: _____

Phone: Day: _____ Evening: _____

E-Mail: _____

Make of Yacht: _____

Draft / Beam Draft: _____ Beam: _____

Length Overall: _____

Berth Desired: _____

SSC Member: ___ YES ___ NO (If NO, SSC Regular Membership is required and you will be contacted by the Club Manager.)

RETURN TO: Sandusky Sailing Club
Attn: Sadler Sailing Basin
P.O. Box 814
Sandusky, OH 44871-0814

Please list any additional questions below: