

## Moorage Cancellation Notification

MEMBER #

MEMBER INFORMATION			
PRIMARY MEMBER:			
			Slip #
Last Name	First Name		2
			Cancellation Effective Date
Email	(	Cell Phone	Cancellation Effective Date
Yes, I am aware that my Dock Box, Dock W the above cancellation date; all items will be cons	idered abandoned.		ny responsibility to remove by
Yes, I am aware that the Kelowna Yacht Clu			
Yes, I am aware that Club Policy <u>POL OPO</u> fees resulting from that policy are my responsibil		<u>rating Policy (2.2 – Cancellation o</u>	f Moorage) applies, and any
Yes, I understand that, should I want moore the waitlist with no preference as a previous moo	age in the future, I will be required	to complete an application procedur	es, including reapplying for
	SIGNATURES		
I, as the Primary Member, confirm cancella	tion of my moorage.		
Signature of Primary Member		Date	
OFFICE USE ONLY			
Staff Member Name	Date Received	Member Service or Moorage N	Aanager