



NEWPORT – BERMUDA RACE 2016
ROYAL HAMILTON AMATEUR DINGHY CLUB
BERTH RESERVATION FORM

Please reserve berth for: YACHT _____ L.O.A. _____ BEAM: _____ DRAFT: _____
 Address in Bermuda (if known) _____ Phone _____
 Arrival Date: We will monitor your progress and have 24 hour docking provided. Departure Date _____

1. RHADC will provide dining and bar facilities including daily breakfast, lunch and dinner and the bar will be open all day till late.
2. The charge for berthing, including water and use of the Club's facilities, is \$4.00 per foot per day.
3. Electricity will be provided at \$25 per day. Yachtsmen are required to bring their own shore power leads of 50 ft. to 100 ft., plus split-tails, if possible. Power is 110v/220v.
4. Ice and block ice will be available for purchase.
5. A deposit of \$250.00 is required at the time of reservation. Since space will be held until the race is over this deposit is only refundable if notice of cancellation is received before June 1st, 2016. The deposit will be credited to the boat's account for expenses at the Club.
6. The RHADC will not be responsible for any theft from or damage of any sort to the Vessel berthed at the RHADC marina, including, but not limited to, any electrical malfunction or damage that may occur due to low voltage.
7. In the event of a hurricane, emergency, or any other cause, the RHADC reserves the right to require that you move your vessel from the RHADC marina immediately. It is agreed that the Owner/Skipper will move the Vessel upon being notified by the Dockmaster or Officer(s) of the RHADC. That in the event of an emergency, which shall be solely determined by the Dockmaster or Officer(s) of the RHADC, and in the absence of the Owner or Skipper from the Vessel then the Dockmaster or Officer(s) of the RHADC may move the Vessel from the Marina. The Owner/Skipper shall hold the RHADC, Dockmaster and Officer(s) harmless from all and any damage caused to or by the Vessel.

I agree to the terms stated above:

No personal checks accepted
 Please charge my Credit Card \$250.00
 MasterCard Visa Amex

NAME: _____

Please print:
 Name on Card: _____

ADDRESS: _____

Number: _____

PHONE: _____

Expiry Date: _____

FAX: _____

EMAIL: _____

SIGNED: _____

CLUB USE ONLY

Date received: _____ Deposit Received: _____ Member #: _____

Transaction Date: _____ Transaction #: _____ Processed by: _____

RHADC, P.O. Box HM 3355, Hamilton HM PX, Bermuda. Phone: (441) 236-2250; FAX: (441) 236-8561;
 Email: secretary@rhadc.bm