

TITLE FIRST NAME SURNAME

ADDRESS

POSTCODE

EMAIL ADDRESS (BLOCK CAPITALS PLEASE)

LANDLINE MOBILE

2018 PERMIT NUMBER(S) CLUB/ORGANISATION

	BOAT 1	BOAT 2	BOAT 3
DINGHY TYPE (PLEASE TICK)			
SAILING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ROWING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER (please specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

BOAT DETAILS			
Class & Sail Number			
Length category (please tick) <i>Shown as metres</i>	<input type="checkbox"/> SMALL (under 2.75m)	<input type="checkbox"/> SMALL (under 2.75m)	<input type="checkbox"/> SMALL (under 2.75m)
	<input type="checkbox"/> MED (2.75 - 3.9m)	<input type="checkbox"/> MED (2.75 - 3.9m)	<input type="checkbox"/> MED (2.75 - 3.9m)
	<input type="checkbox"/> LRGE (3.91m – 4.8m)	<input type="checkbox"/> LRGE (3.91m – 4.8m)	<input type="checkbox"/> LRGE (3.91m – 4.8m)
Beam (metres/cm)			
Boat Name			
Hull colour			

YOUR TROLLEY MUST NOT EXCEED THE BOAT'S LENGTH AND BEAM BY 0.5M IN TOTAL

HOW WE USE YOUR DATA

- Contacting you regarding the dinghy park, including sending a reminder when your permit's due for renewal
- Performing our contract with you

{ } please tick here if you would be happy for us to contact you about other services the Parish Council offers.

I wish to apply for a permit to store my boat on Hamble Foreshore. I confirm that I have read and agree to abide by the current Terms and Conditions and that the boat is my property and is insured against public liability. If I relinquish my space before the end of the season, I understand that a refund cannot be issued.

SIGNED _____ DATED _____

Please return this form with a stamped self-address envelope by 31st January 2019 to:

Hamble Parish Council, Hamble Memorial Hall, 2 High Street, Hamble, Southampton HANTS SO31 4JE

Once a space has been allocated to you, we will send details of how to make BACS payment. Your permit(s) will be posted in your stamped address envelope following receipt of your payment.

SPACE ALLOCATED: _____ DATE PAID: ____ / ____ / ____ POSTED: ____ / ____ / ____