



Berthing at the Cruising Yacht Club of South Australia (CYCSA) for the  
**73RD ADELAIDE TO PORT LINCOLN YACHT RACE &  
LINCOLN WEEK REGATTA - 2023**

Friday 17 February 2023 – Thursday 23 February 2023

**CYCSA Reciprocal Australian Clubs**

Cairns Cruising Yacht Club  
Canberra Yacht Club  
Cruising Yacht Club of Australia  
Fremantle Sailing Club  
Gosford Sailing Club  
Royal Melbourne Yacht Squadron  
Royal Prince Alfred Yacht Club  
Royal Yacht Club of Tasmania  
Sandringham Yacht Club  
South Port Yacht Club

- Berthing at the CYCSA from 1st February 2023 until 17<sup>th</sup> February 2023 – no cost to Adelaide to Port Lincoln race entrants.
- Berthing rates prior to 1<sup>st</sup> February are at the discounted rate of \$15 per day. \* In addition reciprocal club members (listed above) get first 3 days free.

All berths will be allocated on receipt of visiting vessel forms and a copy of your current insurance certificate of currency showing a minimum of \$10 million public liability.

**Enjoying the CYCSA**

- All boats will be berthed at CYCSA Marina West facility.
- Marina West has a self-contained clubhouse with kitchen, lounge and full shower and toilet facilities, and is a short 2-minute walk to the main CYCSA Clubhouse. Laundry facilities available at Marina East.
- All berth occupants will receive gate access FOB's for full access to club facilities.
- All Marina West berthed visiting crew will receive 10% discount at the CYCSA Bar and Bistro

For bookings – please contact our Berth, Sales & Leasing coordinator Sarah Belton at [berthing@cycsa.com.au](mailto:berthing@cycsa.com.au) or (08) 8248 4222



## VISITING VESSELS

### PERSONAL DETAILS

NAME: \_\_\_\_\_

CONTACT ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE/MOBILE: \_\_\_\_\_

CREDIT CARD: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

### BOAT DETAILS

BOAT NAME: \_\_\_\_\_

REGISTRATION NO: \_\_\_\_\_

TYPE OF VESSEL: \_\_\_\_\_

LENGTH: \_\_\_\_\_ BEAM: \_\_\_\_\_ DRAFT: \_\_\_\_\_

ISOLATING TRANSFORMER: YES / NO

INSURER: \_\_\_\_\_ EXPIRY DATE: \_\_\_\_\_

PLEASE PROVIDE A COPY OF THE CURRENT 'CERTIFICATE OF CURRENCY' SHOWING A  
MINIMUM OF \$10,000,000 PUBLIC LIABILITY INSURANCE

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

### OFFICE USE ONLY

MOVE IN DATE: \_\_\_\_\_ MOVE OUT DATE: \_\_\_\_\_

BERTH ALLOCATION: \_\_\_\_\_ AMOUNT PER NIGHT: \_\_\_\_\_

TEMP GATE CARD: \_\_\_\_\_ RETURNED: \_\_\_\_\_

INVOICED: \_\_\_\_\_