

Windjammers Sailing Club Inc.

2026 Application: Dock & Drysail Rental

Instructions: Please fill out all blank spots with information. Any incomplete form will be returned. Form is not complete until signed, fees are paid applicable liability insurance is attached

Personal Information (Please Print)

First Name: _____ Last Name: _____

Email Address: _____

Mobile Phone: +1 (_____) _____ - _____

Date of Birth: ____ / ____ / ____

Spouse: _____

Address: _____
Street City State Zip

DOCK & DRYSAIL FEE SCHEDULE

Item (All prices include sales tax)	Price	Qty	Total
25-foot slip - Per Season*	\$865		
30 Foot slip - Per Season*	\$1030		
Drysail - Boats less than 16' LOA*	\$170		
Drysail - Boats greater than 16' LOA*	\$305		
Drysail - Wide Boat (12+foot beam) *	\$550		
Drysail - Canoe, Kayak, Dinghy, sailboard*	\$60		
Drysail - Lawn-Youth	\$60		
Rack Storage	\$60		
Summer trailer storage (offsite)	\$45		
Winter Storage Standard (parking lot) *	\$160		
Winter Storage Wide (12+foot beam) *	\$235		
Winter Storage - Dinghy	\$60		
Winter Storage - Lawn Area	\$80		
Grand Total:			

BOAT INFORMATION

All Fields Required

Boat Name: _____			
SPECS	Year: _____	Make/Model: _____	Hull Color: _____
Length: ____ . ____ ft	Beam: ____ . ____ ft	Draft: ____ . ____ ft	
Registration #: _____		Sail #: _____	

☐ I have included proof of insurance for the vessel listed above

Applicant Signature: _____ **Date:** ____ / ____ / ____

Email or hand this application to the Treasurer (Treasurer@WindJammersSailingClub.com)

Make checks payable to: "Windjammers Sailing Club, Inc." **PO Box 11 Suamico WI 54173**

ADMINISTRATION USE ONLY

Harbor Master: Date Received: ____ / ____ / ____ Dock Assigned: _____	Treasurer: Date Paid: ____ / ____ / ____ Amount Paid: _____ Cash/Check: _____	Drysail Chair: Date Received: ____ / ____ / ____ Spot Assigned: _____
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