|  |  |  |
| --- | --- | --- |
| Logo  Description automatically generated with low confidence | Mid & East Antrim Harbours & Marinas  Carrickfergus Office  3 Quayside  CARRICKFERGUS  BT38 8BJ | T: 028 9336 6666  E: [marina.reception@midandeastantrim.gov.uk](mailto:marina.reception@midandeastantrim.gov.uk) |

**EXPRESSION OF INTEREST FORM**

|  |  |
| --- | --- |
| **APPLICANT DETAILS:** | |
| Title Name Surname | Mr/Mrs/Miss/Ms/Mx/Other - specify |
| Address  Town  Postcode |  |
| Email |  |
| Mobile / Landline Contact Number(s) |  |

|  |  |
| --- | --- |
| **LOCATION DETAILS:** | |
| Site | Carrickfergus Marina / Carrickfergus Harbour / Glenarm Marina / Carnlough Harbour / Portglenone Marina /Ballylumford Harbour / Whitehead Boat Park |
| Berth Preference | Port/Starboard |

|  |  |
| --- | --- |
| **VESSEL DETAILS:** | |
| Boat Name |  |
| Vessel Type | Sailing Yacht/Motorboat/Motor-sailer/Rib/Dinghy/Other - specify |
| LOA (metres) |  |
| Beam (metres) |  |
| Draught (metres) |  |
| Boat Make/Model |  |
| Keel | Fin / Long / Shoal / Displacement / Fixed / Lifting / Bilge / Twin |
| Construction | GRP/Wood/Aluminium/Other - specify |
| Boat Colour |  |
| Insurance Company & Policy Number: |  |

|  |  |
| --- | --- |
| **PREFERRED METHOD OF PAYMENT:**  Please indicate your preferred method of payment | |
| Monthly by Direct Debit □ | Payment in Full □ |

Signature: ……………………………………………………………… Date:.………………………………………………

Thank you for completing your information

Please return this form either by email or hard copy to the Carrickfergus Office by scan/email or post

Someone will contact you within 2 working days