



Reciprocal Request

Must be returned a minimum of 48 hours in advance. Based on availability.

Name of registered vessel owner _____
 Address: Street _____
 City/State/Zip _____
 Member of Yacht Club _____ Vessel Home Port _____
 Date of reciprocal requested ____/____/____ Vessel Name _____
 Email Address _____ Tel:No. _____

Please complete the following Covid questions.
 Accepting requests from U.S port vessels only.
 Covid precautions per Orleans County N.Y. are in effect.

1. Have you experienced any of the following symptoms in the past 48 hours: fever or chills, cough, shortness of breath or difficulty breathing, fatigue, muscle or body aches, headache, new loss of taste or smell, sore throat, congestion or runny nose, nausea or vomiting, diarrhea? Yes or No _____
2. Have you been in close physical contact in the last 14 days with anyone who is known to have laboratory-confirmed COVID-19 OR anyone who has any symptoms consistent with COVID-19? Yes or No _____
3. Are you isolating or quarantining because you may have been exposed to a person with COVID-19 or are worried that you may be sick with COVID-19? Yes or No _____
4. Are you currently waiting on the results of a COVID-19 test? Due to a possible Covid exposure? Yes or No _____
5. Have you traveled outside the U.S in the past 10 days? Yes or No _____

If you answer “yes” to any of the above questions you will not be granted a reciprocal.

Return to Commodore or Vice Commodore at pbycny.com home page

Approved by and forwarded to Orleans County Marine Park

Commodore _____ Date _____

Vice Commodore _____ Date _____