

F.O.T.

Date: _____

Licensee: _____

Slip: _____ Slip Length: _____

Departure Date: _____ Return Date: _____

Contact Phone Number: _____

F.O.T. Name: _____

Boat Name: _____ Boat Make: _____

LOA: _____ Beam: _____

Arrival Date: _____ Departure Date: _____

Contact Phone Number: _____

Comments: _____

**Proof of F.O.T. insurance is required on or before arrival.*

Licensee Signature: _____ Date: _____

F.O.T. Signature: _____ Date: _____