

RESUME OF PERSONAL BOATING EXPERIENCE

Footloose Disabled Sailing

Name _____

Address _____

City _____ State _____ Zip _____ - _____

Drivers License Number _____ State _____

Date of Birth _____

Years of titled boat ownership _____

Prior boats you have **OWNED**:

<i>Year</i>	<i>Length</i>	<i>Manufacturer</i>	<i>Model</i>	<i>Speed (MPH)</i>	<i>Hours of experience</i>	<i>Dates operated (from year)</i>	<i>Dates operated (to year)</i>

Prior boats you have **OPERATED**:

<i>Year</i>	<i>Length</i>	<i>Manufacturer</i>	<i>Model</i>	<i>Speed (MPH)</i>	<i>Hours of experience</i>	<i>Dates operated (from year)</i>	<i>Dates operated (to year)</i>

List waters or areas you have boated: (Atlantic, Great Lakes, Bays, Bahamas, Caribbean, etc.)

List Licenses, Boating Courses, Boating Education Classes, etc. completed (if none, write "None"):

List all marine insurance claims and/or prior marine loss history (if none, write "None"):

Do you have any medical condition that may affect your abilities, and if so have you been cleared by a physician?

Have you previously participated or sailed with a disabled sailing organization? If so where and when.

I HEREBY AFFIRM THAT ALL STATEMENTS MADE HEREIN HAVE BEEN ANSWERED TO THE BEST OF MY ABILITY AND ARE TRUE.

Signature: _____ Date: ____ / ____ / ____