



OFFICE USE ONLY	
Allocation:	
MF	HM
Correspondence to visitor	

FSC ACCESS		
	Y / N ?	HOW MANY?
ACCESS KEY		
CAR PASS		

# VISITING VESSEL FORM

FSC ACCESS					
Arrival	Departure	No. Nights	INTERNATIONAL / INTERSTATE VISITORS		
			Customs	AQIS	Fisheries

CUSTOMER DETAILS		
First Name	Surname	Member No. and Club
Phone (Home)	Phone (Mobile)	Phone (Work)
Address (incl. Suburb and Postcode)		
Email		
Emergency Contact Name		Emergency Contact Phone No.

VESSEL DETAILS		
Vessel Name	Type Power                      Yacht	Make of Vessel
Vessel Overall Length (m - incl. bowsprit, davits, marlin boards etc.)		
Beam (m)	Draft (m)	Weight (T)
Insurance Company	Policy Number	Policy Expiry Date
Vessel Registration No.	Registration Expiry	State or Country Registered

I have attached a current copy of my vessels insurance policy and registration. This needs to be supplied with application.

DECLARATION	
By signing and submitting this form to Fremantle Sailing Club, I agree that the vessel has current registration and insurance including public liability cover up to \$10 million.	
Applicants Signature _____	Date _____