

**For Office Use:**  
 Approved/Declined  
 By.....

### SAILING EXPERIENCE RESUME

Please complete this sailing resume. It will advise us of your skippering ability and basic seamanship skills, so please ensure you provide us with as much information as you can. Please **DO NOT** leave any questions blank.

Charter Dates (mm/dd/yy): from \_\_\_\_\_ to \_\_\_\_\_ Vessel \_\_\_\_\_

Flight Number, Airline & Time \_\_\_\_\_ Date of Arrival \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Nationality \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State/County \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

E-mail \_\_\_\_\_ Occupation \_\_\_\_\_

Home Tel # \_\_\_\_\_ Fax # \_\_\_\_\_ Office Tel # \_\_\_\_\_

How many years as a **cruising skipper** (*fully responsible for crew and vessel*) \_\_\_\_\_ yrs

On average, how many **days a year** do you sail? \_\_\_\_\_

Type of Boat Sailed (make and length)	Position (skipper or crew)	Owned, Chartered or Other (if 'Other', please explain)	Location (including charter company name if applicable)	Dates

Have you done any of the following on a **vessel over 30ft in the last 2 years** (please tick appropriate):

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Anchored             | <input type="checkbox"/> Sailed on to a Mooring | <input type="checkbox"/> Sailed in winds <i>25 Knots+</i> |
| <input type="checkbox"/> MoB (under sail)     | <input type="checkbox"/> Docked stern to        | <input type="checkbox"/> Reefed a mainsail                |
| <input type="checkbox"/> Estimated a Position | <input type="checkbox"/> 3 Point Fix            | <input type="checkbox"/> Dead Reckoned                    |

**PLEASE LIST EACH PERSON IN YOUR PARTY** (Please use separate sheet if necessary)

Name	Contact Information (Email, Telephone or Address)	Age	Sailing Experience	Proposed Position (First Mate, Crew etc.)

Have you had any marine claims in the **past 5 years**? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you competent to deal with basic mechanical tasks, such as checking oil and monitoring engine performance and temperature? **Yes/ No**

**ARE YOU COMPETENT & CONFIDENT TO SAIL THIS YACHT? Yes / No**

*I hereby declare that the information given above is true and accurate.*

**Signed by skipper.....Date (mm/dd/yy).....**

*Please enclose photocopies of your sailing qualifications such as RYA, ASA or any other sailing certificates you may have.*