

<p><b>For Office Use:</b> Approved/Declined</p> <p>By.....</p>
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**HORIZON YACHT CHARTERS LTD**  
 PO BOX 3222, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS  
*OR our U.S. Mailing Address is:*  
 PO Box 11156, St Thomas, USVI 00801 TEL: 284 494 8787 FAX: 284 494 8989  
 E-mail: info@horizonyachtcharters.com

### SAILING EXPERIENCE RESUME

Please complete this sailing resume. Your yacht is privately owned and HYC is entrusted to look after it by the owner. As such, we have to ensure that each charter group is competent and capable of handling a yacht of this size and will take sole responsibility for it. Please include as much information on the Sailing Resume as you can about your experience and that of your entire crew as it will advise us of your skippering ability and basic seamanship skills. Please **DO NOT** leave any questions blank. If we feel that you may need assistance, we reserve the right to add an instructional skipper to your charter. We appreciate your co-operation in ensuring that you have a safe, comfortable and memorable charter.

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** (please tick appropriate):

- Anchored
  Estimated a Position
  Sailed on to a Mooring  
 Man over board practice (under sail)

Docked stern to

Sailed in winds 25 *Knots*+

Dead Reckoned

3 Point Fix

Reefed a mainsail

Please note that if any of these sections are left blank a written explanation is required detailing your level of experience.

**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).....**

***Failure to complete any of the above sections may result in your sailing resume approval being delayed.***

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