



HORIZON YACHT CHARTERS ST MARTIN BASE
Lagoon Marina, 35 Wellington Road, Cole Bay, St. Maarten, Netherlands Antilles
 Tel: (721) 3329. Fax: (721) 544 3330
 E-mail: info@horizonsxm.com

<p>For Office Use: Approved/Declined By.....</p>

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.