**HORIZON YACHT CHARTERS LTD**

PO BOX 3222, ROAD TOWN, TORTOLA, BRITISH VIRGIN ISLANDS

*OR our U.S. Mailing Address is:*

PO Box 8309, PMB 116, St John, USVI 00831 TEL: 284 494 8787 FAX: 877 494 8989

E-mail: info@horizonyachtcharters.com

**SAILING EXPERIENCE RESUME**

**For Office Use:**

Approved/Declined

By……………..

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 # Mobile# 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 companyname if applicable) | **Start/Finish Date**(Mm/dd/yy-- Mm/dd/yy) |
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Have you had any marine claims in the **past 5 years**? If so, please explain in a separate email.

Have you done and/or are you capable of the following on the yacht you’ve chartered? (Please tick appropriate):

 Anchored

 Man over board practice (under sail)

 Estimated a Position

 Sailed on to a Mooring

 Docked stern to

 3 Point Fix

 Sailed in winds *25 Knots+*

 Reefed a mainsail

 Dead Reckoned

**PLEASE NOTE THAT IF ANY OF THE ABOVE IS LEFT BLANK A WRITTEN EXPLANATION IS REQUIRED.**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | **Contact Information**(Email, Telephone or Address) | **Age** | **Sailing Experience**(Level and/or years) | **Proposed****Position**(First Mate, Crew etc.) |
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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.***