

Charter Application - BaySail

Please tell us a little about yourself:

Skipper's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

E-mail: _____

If you were born after July 1, 1972 you must have a Safe Boating Certificate. The Coast Guard Auxiliary offers courses or you can go to www.boat-ed.com for the test for your state.

Employer's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Driver's License #: _____

Birth Date ____/____/____ Citizenship: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Yacht Charter Request

PLEASE INDICATE YOUR PREFERENCES:

- Bareboat Captained/Instructional

Yacht Size/Type Preferred: _____

CURRENT EXPERIENCE LEVEL:

- Novice Intermediate
 Advanced (Ready to Bareboat)

SAILING INSTRUCTION:

- I am interested in a brush-up with an instructor.

Bareboat Competency

If you are planning to Bareboat Charter, **please complete and sign the Bareboat Application Form on the reverse side.** Please answer all the questions to the best of your ability and provide us with names and phone numbers to help us confirm your sailing experience.

Due to insurance regulations, if your background and experience do not meet specific criteria a captain may be required, at your own expense, to perform an on-water check-out prior to your departure or to remain on board for the charter period. This will be determined after careful review of this form. BaySail reserves the right to assign a qualified captain at charterer's expense if any charterer is acting in an irresponsible or negligent manner or is unable to operate the charter vessel safely and competently.

PLEASE RETURN BY FAX OR MAIL TO:

BaySail School & Yacht Charters, Tidewater Marina, 100 Bourbon St., Havre de Grace, MD 21078
Phone: (410) 939-2869 Fax: (410) 939-3779 E-mail: baysail@mindspring.com
www.baysail.net

OVER

BAREBOAT CHARTER APPLICATION

Bareboat Charter Experience

Please list your most recent sailing charters as captain:

Charter Company: _____

Phone: _____ Dates: _____

Location: _____

Vessel Size & Make: _____

Charter Company: _____

Phone: _____ Dates: _____

Location: _____

Vessel Size & Make: _____

Boats Owned

Boat Owned Size & Make: _____

Marina: _____

Phone: _____ Dates Owned: _____

Location: _____

Boat Owned Size & Make: _____

Marina: _____

Phone: _____ Dates Owned: _____

Location: _____

Training Completed

Course Name & #: _____

Certification ID #: _____

School: _____ Phone: _____

Location: _____ Date Graduated: _____

Boat Size & Make Used: _____

Course Name & #: _____

Certification ID #: _____

School: _____ Phone: _____

Location: _____ Date Graduated: _____

Boat Size & Make Used: _____

1. Who will be accompanying you on your charter as "First Mate"? _____

What sort of boating experience does your First Mate have? _____

Do you feel confident that your crew could return the vessel safely if you were unable to skipper the vessel due to illness or injury? _____

2. Have you ever been involved in a boating accident? If yes, give approximate dates and extent of loss.

3. Have you ever been convicted of any crime, or had any license, including your driver's license, suspended due to driving under the influence of drugs or alcohol?

4. On a scale of 1 to 10 (10 being the highest), please rate your skills in the following:

_____ Piloting & Navigation (Dead Reckoning)

_____ Anchoring

_____ Docking and Maneuvering under power

_____ Rules of the Road

_____ Familiarity with Electronics

_____ Sail Handling/Reefing

_____ Familiarity with Diesel engines, generators, battery charging systems

_____ VHF Radio Communication

5. Additional Information or Comments: _____

I hereby certify that I am experienced and competent in handling a vessel of the size and type I plan on chartering and that all the information provided herein is correct and that nothing detrimental to my experience and/or qualifications has been omitted.

Skipper's Name: _____ Signature: _____ Date: _____