

# Carolina Wind Yachting Center, Inc.

## Resume of Sailing Experience (Please complete both pages fully)

This resume will assist us in determining your qualifications for bareboat charter. Please answer completely and return to us as soon as possible. The Yacht Charter Agreement will not be signed by us until we have received and approved your qualifications based on information you provide in this resume. You may print this page, fill it out and FAX or mail it back to us. If you need more room, use the back of the sheet or attach separate pages. If you have already prepared a resume, you may attach it to this sheet, make sure it provides all the information requested in our form.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yacht you would like to charter: \_\_\_\_\_

Dates you are interested in: \_\_\_\_\_ Number in Party: \_\_\_\_\_

### Charter Experience

Have you ever done a BAREBOAT charter before? (Y/N) \_\_\_\_\_ If so, please complete:

Boat Make and Model	Length	Charter Company	Body of Water	Year

### General Experience

How long have you been actively sailing? \_\_\_\_\_

Do you primarily Cruise, Race or Day Sail? \_\_\_\_\_ Times per year? \_\_\_\_\_

What size boat? \_\_\_\_\_ As skipper or crew? \_\_\_\_\_

### Navigation Experience

Outline your experiences in piloting and navigation. List tools & techniques you have used.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Anchoring Experience

Outline your anchoring experience, indicating the types of anchors used & the bottom conditions encountered.

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### Sailing Schools Attended

List any sailings schools you have attended (please include the year of attendance).

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Sailing Certificates Earned from your sailing classes.

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### Anything Else?

Please provide any additional information you feel is relevant.

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How did you hear about Carolina Wind Yachting Center?

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Signature of individual whose experiences are listed above and who, subject to our approval, will act as Captain on this charter:

\_\_\_\_\_ Date: \_\_\_\_\_

Return completed form to:

**Carolina Wind Yachting Center, Inc.**  
P.O. Box 967  
Washington, NC 27889  
252-946-4653 office  
252-946-8841 FAX