

HARTGE CHESAPEAKE CHARTERS **SAILING HISTORY**

Phone 410-867-7240 • Fax 866-221-6311 • POB 134, Galesville, MD 20765

Name of Charter Skipper _____ Today's Date _____

Street Address _____

City _____ State _____ Zip _____

Telephone Number: Day _____ Evening _____

Fax _____ Email _____

Drivers License Number _____ State _____ Date of Birth _____

Employer _____ Position _____

Please Note: We must check references so please provide daytime phone numbers for each reference

1. Sailing Instruction (most recent and applicable to the size boat requested)

School or Association	Phone #	Dates Attended	Course Title
_____	_____	_____	_____

2. Boats Owned in past 10 years (many successful charterers have never owned a boat)

Type / Size	Dates of Ownership	Marina	Insurance Co.
_____	_____	_____	_____

3. Boats you have chartered or sailed (past 10 years beginning with most recent)

Type & Size	Charter Co or Owner	Location	Telephone	Dates	Position/Skipper or Crew
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. Other Experience (as skipper or crew)

Boat type / size	Approx. Dates	Role On Board	Name and Ph. # of Skipper
_____	_____	_____	_____
_____	_____	_____	_____

5. Approximate number of days you sail per year _____ 6. Largest Sailboat you have skippered _____

7. Check applicable boxes: Are you familiar with: coastal navigation? use of charts? compass?
parallel rule? dividers? anchoring procedures?

8. Other information helpful in deciding your qualifications _____

9. Additional boating references

Name	Boat Owner?	Size Boat Owned	Daytime phone number
_____	_____	_____	_____
_____	_____	_____	_____

I certify this information to be true and nothing detrimental regarding my experience has been omitted.

Signature