

# Chesapeake Sailing School \* Chesapeake Charter Company

7074 Bembe Beach Road Annapolis, MD 21403  
410/269-1594, 800/966-0032 Call for fax#

## YACHT CHARTER RESUME

Is this your first charter with us? \_\_\_\_\_ Have you rented a sail/power boat before? \_\_\_\_\_

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

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

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

Phone: Work (\_\_\_\_) \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Chesapeake Sailing School Graduate: Yes  No

Highest level achieved \_\_\_\_\_ Year \_\_\_\_\_

ASA Level \_\_\_\_\_ US Sailing Level \_\_\_\_\_

Auxiliary Powered Sailing Experience: \_\_\_\_\_ Years \_\_\_\_\_

SKIPPER/BAREBOAT SAILING EXPERIENCE: (list relevant/similar experience to charter request)

Make/Size	Chartered From	City/State	Date/Year
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Largest Boat Owned: Make/size: \_\_\_\_\_ Sail  Power

# Years \_\_\_\_\_

Instruction Other than CSS: \_\_\_\_\_

Most recent course taken: \_\_\_\_\_

Place of Instruction: \_\_\_\_\_

### \*\*\*\*INSURANCE PROVISION\*\*\*\*

Due to the provision of the CSS Charter Fleet insurance policy, the information below is required from each customer chartering a yacht. Please fill in each blank completely.

Name/Address of Current Employer:

\_\_\_\_\_  
\_\_\_\_\_

Employed since (month/year): \_\_\_\_\_

Name/Address of Previous Employer (if above is less than 3 years)

\_\_\_\_\_  
\_\_\_\_\_

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Name of your Bank: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

