



209 SOUTH MAIN ST., SHERBORN, MA 01770
Phone (508) 647-1554 Fax (508) 647-1556

BAREBOAT CHARTER APPLICATION

SKIPPER'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____
(Street) (City/State) (Zip)

PHONES: _____
(Daytime) (Evening) (Important*) **CELL PHONE**

E-MAIL ADDRESS: _____

YACHT DESIRED: (First Choice) _____ (Second Choice) _____

DATES DESIRED: (First Choice) _____ (Second Choice) _____

MAX # OF GUESTS YOU WILL HAVE ABOARD: _____

CREW LIST (names & ages please) _____

WHICH CREW LISTED ABOVE ARE ALSO *EXPERIENCED* SAILORS: _____

GENERAL FLOAT PLAN/ITINERARY FOR THIS CRUISE: _____

HOW MANY YEARS HAVE YOU BEEN SAILING? _____.

DO YOU OWN A BOAT OR HAVE YOU OWNED A BOAT IN THE PAST? _____ WHAT TYPE(S)/SIZE(S)? _____

WHERE HAVE YOU DONE THE MAJORITY OF YOUR SAILING? _____

HAVE YOU SAILED IN NEW ENGLAND PREVIOUSLY? IF NOT, DESCRIBE YOUR EXPERIENCE OPERATING AND NAVIGATING A SAILING OR MOTOR YACHT IN ANOTHER AREA WHERE TIDES, CURRENTS, AND INCLEMENT WEATHER ARE A FACTOR?

PLEASE LIST COMPANIES WITH WHOM YOU HAVE CHARTERED PREVIOUSLY:

| | <u>COMPANY & PHONE #</u> | <u>Boat Type/Size</u> | <u>Skipper or Crew</u> | <u>Dates</u> | <u>Location</u> |
|----|------------------------------|-----------------------|------------------------|--------------|-----------------|
| 1. | _____ | | | | |
| 2. | _____ | | | | |
| 3. | _____ | | | | |
| 4. | _____ | | | | |

IF YOU HAVE NEVER FORMALLY CHARTERED BEFORE, LIST BOAT(S) YOU HAVE SKIPPED (where you were solely responsible for the navigation and safety of the vessel) AND THE DURATION AND NATURE OF THE CRUISE, THE LOCATION, DATES, ETC. PLEASE PROVIDE US WITH CONTACT(S) AND PHONE NUMBER(S) TO VERIFY THIS EXPERIENCE

PLEASE LIST ANY PERTINENT COURSES AND/OR CERTIFICATIONS IN PILOTING, COASTAL OR OFFSHORE NAVIGATION, SEAMANSHIP (attach certifications)

DESCRIBE THE EXPERIENCE YOU'VE HAD WITH ANCHORING: _____

DOCKING?: _____

HAVE YOU EVER BEEN INVOLVED IN A GROUNDING, COLLISION OR ANY OTHER INCIDENT WHILE SKIPPING A VESSEL? _____? IF YES, PLEASE EXPLAIN THE CIRCUMSTANCES:

PLEASE LIST THE NAMES AND DAYTIME NUMBERS OF **TWO INDIVIDUALS** WHO CAN **VERIFY YOUR ABILITY** TO TAKE FULL RESPONSIBILITY FOR THE TYPE OF SAILBOAT YOU PLAN TO CHARTER THROUGH SWIFT YACHT CHARTERS. (PLEASE INFORM THEM THAT WE WILL BE CALLING! (See next page)

1. _____
(Name) (Daytime Phone) (Eve Phone)

How can this person help us determine your sailing ability? _____

2. _____
(Name) (Daytime Phone) (Eve Phone)

How can this person help us determine your sailing ability? _____

DEPOSITS AND CANCELLATION POLICY: A 50% deposit confirms a specific boat for specific dates. If you are forced to cancel your reservation, your deposit, less a cancellation fee of 15% of the charter fee is refundable if and only if we can re-book the yacht you reserved for the dates you reserved.

We have trip cancellation insurance available if you should care to purchase it.

I VERIFY THAT I HAVE READ AND UNDERSTAND THE CANCELLATION POLICY AND THAT WHAT I HAVE WRITTEN REGARDING MY ABILITY AS A YACHT SKIPPER IS ACCURATE AND TRUE TO THE BEST OF MY KNOWLEDGE.

(CHARTERER)

(DATE)