



LSA CAPTAIN & CREW SAILING EXPERIENCE FORM

Name: _____

Address: _____

Home Phone: _____

Work Phone: _____

E-Mail Address: _____

Crew Positions previously Held: _____

Licenses Held: _____

Total Charter Trips/ Offshore Miles Overall Total: _____/_____

Nationality: _____ Date of Birth: _____ Passport #: _____

Delivery Destinations Preferred: ___ Caribbean ___ Europe ___ Pacific

SAILING EXPERIENCE:

(Attach sailing resume if applicable)

Date/ Type of Yacht/ Position/ Miles/ From/ To

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KNOWN MEDICAL CONDITIONS: _____

CURRENT MEDICATIONS TAKEN AND DOSES: _____

SWIMMING SKILLS: ___ Excellent ___ Good ___ Fair

Are you willing to pay travel expenses to/from any of the above or do you have flight benefits? _____

Are you prone to seasickness? ___ Yes ___ No

Are you color blind? ___ Yes ___ No

Do you suffer from any disability? ___ Yes ___ No

Are you competent on Foredeck? ___ Yes ___ No

Are you a good helmsman? ___ Yes ___ No

Can you navigate coastal/offshore? ___ Yes ___ No

Are you familiar with electronics/engines? ___ Yes ___ No

How much notice do you need? _____

Are you employed full-time? Part-time? Retired? _____

PLEASE PROVIDE 2 SAILING REFERENCES: (Names and phone numbers please)

1. _____

2. _____

I DECLARE THAT THE INFORMATION PROVIDED IN THIS APPLICATION IS CORRECT AND THAT I HAVE READ AND UNDERSTOOD ALL INFORMATION PROVIDED.

_____ / _____

Signature/ Date