

BOATING EXPERIENCE

CLIENT NAME	TYPE OF BOAT
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Carefully fill in this resume. According to your experience, we'll let you know if you are allowed to charter a 43° Parallelo S.n.c bareboat.

SKIPPER

LAST NAME	FIRST NAME	DATE OF BIRTH		
ADDRESS				
PHONE N.	MOBILE N.			
FAX	E MAIL			
BOATING LICENSE LEVEL	EXPIRATION DATE	N°		
Do you own a boat (or did you) ?	YES	NO		
TYPE	LENGTH	PLACE		
Have you bareboat chartered before? (If yes please implement the questionnaire below)	YES	NO		
CHARTER COMPANY	YEAR	SKIPPER OR CREWMAN	SIZE AND TYPE OF BOAT	SAILNG AREAS

CREWMAN

LAST NAME	FIRST NAME	DATE OF BIRTH		
ADDRESS				
PHONE N.	MOBILE N.			
FAX	E MAIL			
BOATING LICENSE LEVEL	EXPIRATION DATE	N°		
Do you own a boat (or did you) ?	YES	NO		
TYPE	LENGTH	PLACE		
Have you bareboat chartered before? (If yes please implement the questionnaire below)	YES	NO		
CHARTER COMPANY	YEAR	SKIPPER OR CREWMAN	SIZE AND TYPE OF BOAT	SAILNG AREAS

I certify that information are true and note that if my ability is not sufficient, the company 43° Parallelo S.n.c can cancel the contract or demand the presence of a professional skipper aboard I will be charged for.

SIGNATURE