

TREASURE HARBOR MARINE CHARTER APPLICATION

CHARTERER'S NAME: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: (____) _____

OCCUPATION: _____

Employed By: _____

Employer Address: _____ City: _____ State: _____ Zip: _____

Business Phone: (____) _____ Fax: (____) _____ Citizenship: _____ Age: _____

Driver's License # & State: _____

TYPE OF YACHT REQUESTED:

Sail: _____ Power: _____ Size: _____

Number of people in party? _____ Skipper: _____

Crew names: _____ / _____

_____ / _____

_____ / _____

_____ / _____

CHARTER DATES:

From: _____ To: _____

Do you request sleep aboard the night before the charter starts? Yes _____ No _____

CRUISING AREA:

Florida Keys: _____ Bahamas (with a THM approved, USCG Licensed Captain Only) _____

CRUISING PLANS:

Bareboat Charter: _____ Captained Charter: Yes _____ No _____ (Number of days skipper requested) _____

RESUME OF BOATING EXPERIENCE

1. Have you ever chartered from Treasure Harbor Marine before? Yes _____ No _____
Date: _____ If yes: Type & Name of vessel: _____

Length: _____

2. Have you ever chartered a vessel before? Yes _____ No _____ If yes, please list below the name of the type, area and your position as skipper or crew.

Charter Company	Date	Boat	Cruising Area	Position
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3. Do you own or have you ever owned a boat? Yes _____ No _____ When? _____

Size/Type: _____

4. How many years have you been sailing/cruising? _____ Main Cruising area: _____

5. How often do you sail/cruise? _____ What is your main position? Captain _____ Crew _____

6. Which of the following best describe your boating experience?
 a) Day Sailor b) Weekender c) Overnight Excursions d) Extended Cruising
7. What is the largest boat you have skippered? _____ Crewed on? _____
8. Have you cruised shallow waters before? Yes _____ No _____ Location: _____
9. Please indicate your use and understanding of the following on a scale of 1-10 (10 being the highest).
 GPS _____ VHF Radio _____ Depth Sounder _____ Compass _____
 Chart Reading _____ Parallel Rule/Dividers _____ Piloting _____ Rules of the Road _____
 Navigation Aides _____
10. Will there be SCUBA Diving on your charter? Yes _____ No _____ If so, how many tanks? _____
11. Please give the name and phone number of two additional non-family references who can confirm your sailing experience: _____

METHOD OF PAYMENT:

A 50% deposit of the Charter Fee is required to reserve the vessel and dates of your choice. Upon receipt of your reservation deposit and Charter Application, the Charter Agreement will be issued and your charter dates confirmed. The balance of the charter fee is due on boarding; payable in cash, traveler's checks, certified check or VISA/MC.

The Security Deposit is due on boarding, payable ONLY in cash, traveler's checks or certified check. Security deposits are not refunded upon return of the vessel. The security deposit may be held for a maximum of two weeks after the termination of the charter pending review of an inspection, and providing there was no damage to the vessel during the term of the charter.

I hereby certify that the above information given to me is true and accurate, and can be relied upon by TREASURE HARBOR MARINE, INC. in approving the application. I understand that these statements will be annexed as part of my Charter Agreement.

Charterer's Signature: _____ Date: _____
 Master/Skipper's Signature: _____ Date: _____

Where did you hear about TREASURE HARBOR MARINE?

Magazine? _____

Recommended By: _____

Other: _____

**TREASURE HARBOR MARINE, INC.
 200 TREASURE HARBOR DRIVE, ISLAMORADA, FLORIDA 33036**

1-800-FLA-BOAT, (305) 852-2458, FAX (305) 852-5743
