

# Philadelphia Sailing Club – Charter Reservation Form

Name \_\_\_\_\_ E-mail Address \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

On your computer, are you able to open Microsoft Word documents? Yes \_\_\_ No \_\_\_, PDF documents? Yes \_\_\_ No \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Trip Name/Date \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

In case of Emergency Notify \_\_\_\_\_

You must be a current PSC Club member to sign up for trips. A separate form is required for each requested trip.

**Make check payable to:** Philadelphia Sailing Club & send to the Charter Reservationist responsible for the trip. Only members who have completed the required two weekend trips, on club chartered boats, may participate in PSC sponsored trips of one week or more. **Payment in full is due at signup.**

Cancellations for weekend trips are subject to a \$40.00 cancellation fee. Fee for canceling from a week or longer Sail Program trip is \$75. Cancellations before the cancellation period (40 days prior to trip departure) will be refunded minus the fee. Refunds after the cancellation period will be made only if a replacement is found, minus the fee.

**All crewmembers must be agile and in good physical health.**

Proper rating of your sailing skills is extremely important to your safety and that of your fellow crewmembers.

## Sailing Experience – (Please check only one.)

- ( ) None No sailing experience or has been on sailing charters but did not take part in sailing maneuvers.
- ( ) Beginner Sailed on small boats or participated in sailing charters. Understands wind direction and basic boating safety. Has knowledge of sailing terminology and some sail handling. Performs sailing maneuvers under close supervision.
- ( ) Intermediate Sailed on large auxiliary sailboats as active crew. Understands wind direction, boating safety, sailing terminology, knot tying, sail handling, inland rules of the road and galley safety. Knows radio and “head” procedures. Steers boat with minimal rudder movement. Performs sailing maneuvers under general supervision.
- ( ) Advanced Sailed on large auxiliary sailboats as active crew. Has the required knowledge, skills and experience as an “Intermediate” sailor with the addition of anchoring, docking, maneuvers under power and navigation. Recognizes changing weather patterns and is an experienced helms person in emergency and adverse sailing conditions. Performs sailing maneuvers without direction and is capable of functioning as a first mate on an auxiliary sailboat.
- ( ) Experienced Has the required knowledge, skills and experience as an “Advanced” sailor with the addition of boat system troubleshooting and advanced piloting. Capable of assuming full responsibility for the boat and crew as skipper.

How many years have you been sailing on an auxiliary sailboat? As Skipper \_\_\_\_\_ As Crew \_\_\_\_\_ As Ballast \_\_\_\_\_

Have you ever owned your own boat? Yes \_\_\_ No \_\_\_ If yes, what size? \_\_\_\_\_

Number of days sailed in the last 3 years? \_\_\_\_\_ Boat size? \_\_\_\_\_ What capacity? Skipper ( ), Crew ( ), Ballast ( )

SPECIAL REQUESTS: \_\_\_\_\_

Only members in good standing are permitted to participate in PSC sponsored trips.

No controlled substances except by a Doctor’s prescription.

Smoking is permitted above deck and downwind only.

Are you a smoker? Yes \_\_\_ No \_\_\_ Can you tolerate smoking? Yes \_\_\_ No \_\_\_

## FOR PSC USE ONLY

Membership Verified \_\_\_\_\_

Trip Cost \_\_\_\_\_

Reservation Number \_\_\_\_\_

Cancellation Date \_\_\_\_\_

Type of Verification \_\_\_\_\_

Reservation Date \_\_\_\_\_

Check Number \_\_\_\_\_

Date Submitted to Treasurer \_\_\_\_\_

Refund Request Date \_\_\_\_\_

Wait List \_\_\_\_\_