

Application for Partnership in Amazing Grace

Name: _____

Partners name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Fax #: _____

Email Address: _____

Drivers license numbers: _____

How long at this residence? _____ Do you own your home: yes ___ no ___

Profession: _____ partners profession: _____

Have you or your partner ever been convicted of a felony? Yes ___ no ___

Credit references: (list three and include addresses and phone numbers)

Sailing resume: (mention boat size and makes you have owned or crewed on and boats you have chartered and where)

Have you ever filed a boat related claim with an insurance company? _____

If so explain: _____

List boating courses, certifications or licenses:

Signature: _____ Date: _____

Signature: _____ Date: _____

Use additional sheets of paper if necessary. Submitted applications will need to be signed and mailed with a photo of each applicant. If you want to reserve a particular two-week period send a note with time requested together with a deposit for \$500. Deposit will be returned if your application is not accepted. Mail completed application to:

Sailboat Partners, LLC

P.O. Box 1582

Scarborough, ME 04070 - 1582

Fax

888-619-5433