

**Classic Yacht Charter
Dr. James C. Griffin**

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YACHTING RESUME

Full Name: _____ Social Security #: ____ - ____ - ____

[Home] Address: _____ City: _____ State: _____
Country: _____ Zip: _____

Home Telephone: _____ Cell Telephone: _____

Email address: _____

Driver's License Number: _____ State: _____

Employer: _____

Employer's Address: _____ City: _____

State: _____ Zip: _____ Work Telephone: _____

Bank: _____ City: _____

State: _____ Zip: _____ Bank Telephone: _____

1. Do you currently own a yacht? ____ Yes ____ No. If yes, who is the
manufacture, what year was the vessel built, and what is the length of the vessel?

6. List two references of people who are familiar with your yachting experience that may be contacted.

Name: _____

Address: _____

City, State, & Zip: _____

Day Telephone: _____

Name: _____

Address: _____

City, State, & Zip: _____

Day Telephone: _____

Your signature indicates that all statements are true and accurate to the best of your knowledge and that you are sufficiently experienced to be capable of assuming the responsibilities of the yacht that you have requested to charter.

Also, you understand that Classic Yacht Charter will use the information that you provide to conduct a background check.

_____ Date _____