



Sailing Experience

Name _____ RCYC Member # _____

School/certification (ASA, US Sailing, US Coast Guard): _____

Date of certification: _____ Boat used for certification _____

Number of years sailing _____ As crew _____ As helmsperson _____

Docking: Under power _____ Type boat(s) _____

Docking: Under sail: _____ Type boat(s) _____

Type of boats sailed as helmsperson:	Sailing Time:
_____	_____
_____	_____
_____	_____
_____	_____

CHECKOUT EXAM FOR BOAT:

- | | |
|--|--|
| <input type="checkbox"/> Rules and Procedures | <input type="checkbox"/> Man Overboard Recovery |
| <input type="checkbox"/> Running | <input type="checkbox"/> Close-hauled |
| <input type="checkbox"/> Equipment required | <input type="checkbox"/> Heading up to Luff |
| <input type="checkbox"/> Jibing | <input type="checkbox"/> Tie up to another boat/buoy |
| <input type="checkbox"/> Understand forces on boat | <input type="checkbox"/> Recovery from Auto Tack |
| <input type="checkbox"/> Wing on Wing | <input type="checkbox"/> Dock upwind |
| <input type="checkbox"/> Understand Right-of-Way Rules | <input type="checkbox"/> Tacking |
| <input type="checkbox"/> Reefing | <input type="checkbox"/> Dock downwind |
| <input type="checkbox"/> Rigging the boat | <input type="checkbox"/> Heave-to |
| <input type="checkbox"/> Anchoring | <input type="checkbox"/> Dock crosswind |
| <input type="checkbox"/> Back out of slip | <input type="checkbox"/> Bearing Off |
| <input type="checkbox"/> Sculling | <input type="checkbox"/> Derigging the boat |
| <input type="checkbox"/> Departing Harbor | <input type="checkbox"/> Use of Hydrohoist |
| <input type="checkbox"/> Reaching | |

I, _____, certify that _____ is qualified to charter an IC24.

Club Boat Representative Printed

Member Name Printed

Club Boat Representative Signature

Date

