

# ASA 201 INSTRUCTOR QUALIFICATION CLINIC APPLICATION

## I. PERSONAL INFORMATION:

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State | Zip Code \_\_\_\_\_ E-mail: \_\_\_\_\_

Telephone: Residence/Cell: ( ) \_\_\_\_\_ Business: ( ) \_\_\_\_\_

ASA ID Number #: \_\_\_\_\_

Have you ever been convicted of a felony? Check One: No: \_\_\_\_ Yes: \_\_\_\_

If yes, please explain on a separate sheet.

## II. SAILING EXPERIENCE: (101 Basic Keelboat required for instructor certification)

1. How and where did you learn to sail? Include contact names and numbers if possible.

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2. What types of small boats, keelboats and multihulls have you crewed on, # years, and where?

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3. What types of small boats, keelboats, and multihulls have you skippered, # years, and where?

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4. What types of small boats, keelboats, and multihulls have you chartered/rented, # years, and where?

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5. Explain your navigational qualifications, racing experience, racing direction, and markset experience, if any:

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6. Have you ever been responsible for a boating accident where another person sustained bodily injury? \_\_\_\_\_ Yes \_\_\_\_\_ No: If yes, attach an explanation.

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7. Where and what is your teaching experience?

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I understand fully that by signing this agreement I have studied, and prepared for the intense requirements to become an Certified ASA Instructor. I agree to the Terms and Conditions and the ASA Code of Ethics to the best of my ability.

I understand that once I am an ASA Certified Instructor I will need to certify students through an ASA Affiliate School.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*eMail your completed form to:* [CBS@SailTime.com](mailto:CBS@SailTime.com)