

Vessel Reservation Form

RESERVATION NAME: _____

RESPONSIBLE OPERATOR(S): _____

CHECK OUT DATE: _____ RETURN DATE: _____

USE: GRANT OR ACADEMIC (please circle one) # DAYS OF USE: _____

GRANT ACCOUNT # _____

ACADEMIC COURSE NUMBER _____

VESSEL REQUESTED: _____

EQUIPMENT AND / OR SUPPORT REQUESTED: _____

AREA OF OPERATION: _____

TYPE OF OPERATION Collecting, Diving, Survey, Other: _____

DEPARTMENT: Maritime, Geology, Biology, ICSP, ICMR, DWS, EXSS, CRM, Physics, Other: _____

FLOAT PLAN(s) to be filed with: _____

Their phone number: _____

Boat cell phone number _____

My signature below certifies that I am assuming responsibility for the equipment, fuel, oil and materials listed above. The Diving & Water Safety Office reserves the right to hold my department responsible for replacement or repair cost for any equipment lost or damaged due to my negligence while in my care.

Signed: _____ Date: _____ Phone: _____
