This document should be filled in by the Captain of the vessel for the duration of the charter and then approved by the charter operator prior to the vessels departure.

CHARTERER INFORMATION

CIII	KI LIKLK II (I OI	
Charterer Name:		
Charterer Address:		
Charterer Email:		
Charterer: Telephone number/s		
Emergency contact name		
Emergency contact telephone		
number/s		
Contains name:		
Captains name:		
Total number of people onboard: _		
	CREW INFORMA	ATION
NAME		TELEPHONE NUMBER
Please name anyone on board who	has any madical prob	slams and/or disabilities:

Charter Dates:	to
Port of Embarkation:	
Embarkation time:	
Port of Disembarkation:	
Disembarkation time:	
Charter Cruising Area:	

Please allow on time on embarkation day for a four hour orientation on the vessel unless your Captain has been pre-approved for a quicker departure.

Before disembarkation please allow time to pump out the holding tanks, refueling of the engines and the outboards fuel tanks as well as the cleaning of the boat both on the interior and on deck unless other arrangements have been made with the charter operator.

Please allow time on disembarkation for a thorough inspection of the vessel including an underwater hull inspection.

Please complete the trip itinerary as accurately as possible as to ensure both your safe arrival and safe return on the vessel. Please inform the charter operator of any plans to change the float plan. In the event of adverse weather or a named tropical storm, please stay in contact with the charter operator from each location that you visit. Please be aware that the charter manager reserves the right to alter your float plan.

TRIP ITINERARY

Day	Departure location	Destination Location	Marina name or anchored
Day 1			
Day 2			
Day 3			
Day 4			
Day 5			
Day 6			
Day 7			
Day 8			
Day 9			

Day	Departure location	Destination Location	Marina name or anchored
Day 10			
Day 11			
Day 12			