

Vessel Reservation Form

Vessel Requested:

RESPONSIBLE OPERATOR(S):

CHECK OUT DATE:

RETURN DATE:

USE: GRANT ACADEMIC

DAYS OF USE:

GRANT ACCOUNT #

ACADEMIC COURSE NUMBER

EQUIPMENT AND / OR SUPPORT REQUESTED:

AREA OF OPERATION:

TYPE OF OPERATION Collecting, Diving, Survey, Other:

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

FLOAT PLAN(s) to be filed with:

 Their phone number:

Operator cell phone number

Passengers onboard (include cell phone # for ECU staff and/or faculty):

Ramp/Marina leaving from:

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:

Printed Name: