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Department/Group:

Date of Trip:

Trip Coordinator:

Phone:

Shore Contact:

Phone:

Vessel:

Operator:

Cell:

Passengers & H O O:

Planned Activity:

Weather Report:

Conditions on the Plan:

Estimated Time of Departure:

Destination:

Estimated Time of Return:

***** FOR SECURITY USE ONLY**

Plan Received and Approved:

Day/Time:

Notice of Departure Received

Day/Time:

Notice of Return Received:

Day/Time:

Submit Completed Floaplan 24hrs prior to departure to osjv@bowdoin.edu

([X š Z } u @ bowdoin.edu](mailto:osjv@bowdoin.edu))

Boat Operator must call Bowdoin Security prior to departure and immediately upon return n