

United States Coast Guard Auxiliary ''Coastie'' Reservation Form

Date of Event:		_Pick-up date:	Return:
Event and Location	1:		
Operator Name			AUX Member #:
Div:	Flotilla:	Email:	
Cell Phone:		Alt Ph	none:
Pick	up/Return	person (if differe	ent from operator)
Name:	_		
Email:			
this form being on file If "Coastie" is take	e, the trailer en without	will not be allowed the trailer, the f	e DIRAUX Office. In the absence of to leave the storage area. Following information is required
Color: License	e Plate:	State:	
		tact SO-PA Charlie	Harner, 678-334-1333. her@comcast.net
You will be contacted	by voice an	d/or email to confir	m the status of your request.
(Office use only: ANS	'C 7065 verij	fied by	Use approved? Y N
Notes:			
Coastie Reservation Form	25 A DR 2/		