



GUEST MANIFEST

Guest:-
Start Date:-
Confirm #:-
Agent:-

To comply with U. S. Coast Guard requirements please complete details for each person aboard during your charter.

	Last Name	First Name	DOB	Citizenship	Passport #	Phone #	e-mail
Captain			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 1			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 2			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 3			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 4			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 5			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 6			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 7			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm
Crew 8			/ /			()	
	Address:				City:		State: ZIP:
	Arrival Info	Airline:		Flight #:		Date: / /	Time: am/pm

PLEASE FAX COMPLETED FORM TO – (866) VIP FAXES {(866) 847-3293}.