



MAINE ISLAND TRAIL
ASSOCIATION

**EMERGENCY CONTACT INFORMATION
FOR MITA BOAT SKIPPERS
[FOR OFFICE FILES]**

Please complete this form and return it to MITA

Name of skipper: _____

Address: _____

Phone: _____

Name of emergency contact/person with daily float plan(s): _____

Phone: _____

Skipper automobile make/model: _____

Color: _____

License plate number: _____