



# ST.VINCENT AND THE GRENADINES PORT AUTHORITY

## APPLICATION FOR EXCURSION

Please fill and return by Fax to: (784)-456-2732

Name of Applicant.....  
(BLOCK LETTERS)

Date..... / ..... / .....  
(Day-Month-Year)

|   |               |  |
|---|---------------|--|
| <b>Promoter/Organizer</b>               |               |  |
| <b>Date of Excursion</b>                |               |  |
| <b>Time of Departure</b>                |               |  |
| <b>Time of Arrival</b>                  |               |  |
| <b>Port of Departure</b>                |               |  |
| <b>Destination Port</b>                 |               |  |
| <b>Vessel</b>                           |               |  |
| <b>Number of Passengers</b>             |               |  |
| <b>Deposit for Number of Passengers</b> |               |  |
| <b>Applicant's Contact Details</b>      | <b>Phone</b>  |  |
|   | <b>Mobile</b> |  |
|   | <b>Fax</b>    |  |
|   | <b>Email</b>  |  |

### Conditions of Service:

I undertake to meet promptly the charges raised for these services and to be liable for any damage caused to any equipment of the Port Authority that may be utilized during the event.

\_\_\_\_\_  
Signature of Applicant