

Name: _____ Title: _____

Email: _____ Phone Number: _____

Division: _____ Status: Gov employee ___ Contractor ___ Other ___

Lab Facility: _____ If Contractor specify agency: _____

I would like to participate on the following cruises (circle all choices):

Sea Scallop Survey Leg 1: July 6 – 23 Leg 2: July 26 – Aug 6

ABTS Leg 1: Sept 7 – 17 Leg 2: Sept 20 – Oct 1 Leg 3: ~Oct 4 – 15 Leg 4: ~ Oct 18 – 29

Hydroacoustics Survey Leg 1: Sept 7 – 17 Leg 2: Sept 20 – Oct 1 Leg 3: ~Oct 4 – 15

Supervisor's approval:

Name: _____ Signature: _____ Date: _____

Previous Experience, please check if you have:

1. Experience as a cutter: Some ___ Frequently ___

2. Experience as a recorder: Some ___ Frequently ___

3. Experience with FSCS:

Recorder ___ Loading Data ___ Solving Database Issues ___

4. Watch Chief Experience: Before FSCS ___ With FSCS ___

5. Chief Scientist Experience ___

Comments:

Emergency Contact: Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____ Work Phone (____) _____

Address _____

Email (If applicable) _____

Do you have any special food requirements? _____

Once completed please mail/fax to:
NOAA / NMFS Attn: Stacy Rowe
166 Water Street
Woods Hole, MA 02543
FAX 508-495-2258

You will receive email confirmation when your name is added to the roster.