

AUXILIARY BOAT MOVEMENT RECORD

AUXILIARY FACILITY

Patrol Date: _____ Order #: _____ Patrol Type: _____

Registration: _____ Cell #: _____

Comms Channel: _____ Comms Frequency: _____

Planned U/W Time: _____ To: _____ Patrol Area (E): _____

GAR _____ Patrol Area (C): _____

Patrol Area (W): _____

Crew Members

#	Name:	Aux Number:	Flotilla:	Position:
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

Submitted By: _____

Div 1	div1@cgauxop.us	Div 12	div12@cgauxop.us	Div 20	div20@cgauxop.us
Div 4	div4@cgauxop.us	Div 15	div15@cgauxop.us	Div 21	div21@cgauxop.us
Div 7	div7@cgauxop.us	Div 16	div16@cgauxop.us	SARDET Marcus Hook	sardet-mh@cgauxop.us
Div 8	div8@cgauxop.us	Div 17	div17@cgauxop.us	SARDET Long Level	sardet-ll@cgauxop.us
Div 8 Cape May	div1@cgauxop.us	Div 18	div18@cgauxop.us	SARDET Bowers Beach	sardet-bb@cgauxop.us
Div 8 Atlantic City	div8-atcity@cgauxop.us	Div 19	div19@cgauxop.us	SARDET Bordentown	sardet-bt@cgauxop.us

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