

FRIENDS OF
SEGUN ISLAND LIGHT STATION

Spend the Night
On-Island Overnight Registration Form

- Camping
- Guest Quarters

Name: _____
Address: _____
Phone: _____ cell: _____
E-mail: _____
of Guests _____ #of Nights _____ Date(s) of stay _____

Names of guest	Age of guest
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Emergency contact information:

Transportation plan: (including your own boat, charter with Captain information and arrival and departure days and times)

