

## TLC Passenger Manifest

Facility Name: \_\_\_\_\_

Land Contact Number: \_\_\_\_\_

Date: \_\_\_\_\_ Departure time: \_\_\_\_\_

Captain: \_\_\_\_\_

\* Please arrive ½ hour before departure time.

\* No electric wheelchairs

\* Manual wheelchair counts as 2 people

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_