

**Float Plan:**

1. Name of the person reporting & telephone number: \_\_\_\_\_

2. Description of boat:

Type \_\_\_\_\_ Color \_\_\_\_\_ Trim \_\_\_\_\_

Registration No. (Number on Hull): \_\_\_\_\_ Length \_\_\_\_\_

Name \_\_\_\_\_ Make \_\_\_\_\_ Other info \_\_\_\_\_

3. Engine Type \_\_\_\_\_ HP \_\_\_\_\_

No. of Engines \_\_\_\_\_ Fuel Capacity \_\_\_\_\_

4. Survival Equipment o/b (check all that apply):

PFDs \_\_\_\_\_ Flares \_\_\_\_\_ Mirror \_\_\_\_\_ Smoke Signals \_\_\_\_\_ Flashlight \_\_\_\_\_ Food \_\_\_\_\_

Paddles \_\_\_\_\_ Water \_\_\_\_\_ Anchor \_\_\_\_\_ Raft or Dinghy \_\_\_\_\_ EPIRB \_\_\_\_\_

Other Equip(ie. radar reflector) \_\_\_\_\_

5. Is there a VHF Marine Radio on board? Yes \_\_\_\_\_ No \_\_\_\_\_ Freqs \_\_\_\_\_

6. Is there a cellular phone on board? Yes \_\_\_\_\_ No \_\_\_\_\_ Phone Number \_\_\_\_\_

7. Automobile license plate No.: \_\_\_\_\_ Make/Model \_\_\_\_\_

Color \_\_\_\_\_ Where parked \_\_\_\_\_

Trailer plate No.: \_\_\_\_\_ Where parked \_\_\_\_\_

8. Number of persons on board \_\_\_\_\_ (Use back of the sheet if necessary)

Name	Age	Address & Telephone Number
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_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Do any of these persons have medical conditions? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what condition \_\_\_\_\_

Are any medications necessary \_\_\_\_\_

10. Trip Itinerary: Leave at \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_

Expect to return by (date & time) \_\_\_\_\_

and not later than \_\_\_\_\_ Places you will visit \_\_\_\_\_

11. Any additional info \_\_\_\_\_

12. If not returned by (date & time) \_\_\_\_\_ notify the

U.S. Coast Guard at (phone No.) \_\_\_\_\_ or

(local authorities) at \_\_\_\_\_

13. Additional Contact Numbers:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_