



Float Plan

INSTRUCTIONS: Complete this plan before you go boating and leave it with a reliable person who can be depended upon to notify the United States Coast Guard, or other rescue organization, should you not return or check-in as planned. If you have a change of plans after leaving, be sure to notify the person holding your Float Plan.

Name of vessel's operator:		
Telephone Number:		
Name of Vessel:		
Registration No.:		
Description of Vessel: Type: Make: Color of Hull: Color of Trim: Most distinguishing identifiable feature:		
Rafts/Dinghies: Number: _____ Size: _____ Color: _____		
Radio: Type: _____ Frequencies Monitored: _____		
Number of persons onboard:		
Name:	Age:	Address & Telephone:
Note: List additional passengers on back.		
Engine Type: _____ H.P.: _____ Normal Fuel Supply (days): _____		

Survival equipment on board: (check as appropriate)

- | | | |
|---------------------------------------|------------------------------------|--|
| <input type="checkbox"/> Life Jackets | <input type="checkbox"/> Flares | <input type="checkbox"/> Smoke Signals |
| <input type="checkbox"/> Medical Kit | <input type="checkbox"/> EPIRB | <input type="checkbox"/> Paddles |
| <input type="checkbox"/> Anchor | <input type="checkbox"/> Loran/GPS | <input type="checkbox"/> _____ |

Food for _____ days - Water for _____ days

Trip:

Date & Time of Departure:

Departure From:

Departure To:

Expected to arrive by: _____ In no case later than: _____

Additional information: