

FLOAT PLAN

Today's Date: _____ Vessel Name: _____

Name of Person Reporting: _____

Telephone Number: _____

Marina: _____ Slip Number: _____

Description of Boat

Type _____ Color _____ Trim _____

Length _____ Make _____ Fuel Capacity _____

Engine Type _____ Horse Power _____ No. of Engines _____

Other Information _____

Persons on Board

Name	Age	Address	Phone Number

Safety Equipment

(Check each one you have)

PFD's _____ Flares _____ Mirror _____ Smoke Signal _____ Flashlight _____

Food _____ Paddles _____ Water _____ Anchor _____ Raft or Dinghy _____

Radio _____ Type _____ Freqs _____

Trip Expectations

Leave at _____ From _____ Going To _____

Expect to return by _____ In No event later than _____

Other Information

Auto License _____ Type _____ Color & Make _____

Where Parked: _____

If not returned by _____ (time) call the Coast Guard