



FLOAT PLAN

Fill out this float plan and share with friends and family so they can call for help if you're overdue! The life you save may be your own.

Boat Operator

Operator Name _____

Address _____ Phone _____ Cell _____

Description of Boat

Make _____ Reg # _____ # Sails _____ # Engines _____ Type _____ Fuel Cap _____

Length _____ Color _____ Color Trim _____ Color of Canvas Top _____

Survival Equipment

(Search & Rescue will want to know if you are wearing the PFDs)

PFDs Type _____ # _____ Marine Radio _____ EPIRB _____ Type _____ # Flares _____ VDS _____

Type _____ # _____ Anchors _____ Length of Anchor Line _____

Type _____ # _____ Raft or Dinghy _____ Length _____ Name _____

Trip Length

Departure Location _____ Date _____ Time _____

Return _____ Date _____ Time _____

Intermediate Location _____ Lat _____ Long _____

Other People on Board

Name	Age	Phone	Known Medical Condition
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Land Vehicles

License Plate _____ State _____ Make & Model _____ Color _____

Trailer _____ State _____ Where Parked? _____

Notification

If Not Returned by _____ (Date, Time), **CALL THE COAST GUARD OR LOCAL SEARCH AND RESCUE**

Notify Emergency Contact Name _____ Phone _____

When you've returned from your trip, please notify the person or party that you left your float plan with!