

FLOAT PLAN



INFORMATION

Name: _____

Address: _____

Phone: _____

Email: _____

Fill out this form before departing on your boating trip. Leave it with someone who you can rely on to notify the proper authorities should there be an emergency or you don't return at your planned time.

VESSEL INFORMATION

Vessel Name: _____

License #: _____

Size/Model: _____

Hull ID: _____

Color: _____

Engine: _____

Radio Channels: _____

Other Features: _____

SAFETY EQUIPMENT ON BOARD

Lifejackets/PFD's: _____

Lift Rafts: _____

Flares: _____ Smoke Signal: _____

Search/Rescue Phone: _____

Flashlights: _____ Paddles: _____

GPS/Compass: _____

Food/Water: _____

Other: _____

TRIP DETAILS

Departure Date: _____

Departure Time: _____

Departure: _____

Destination: _____

Arrival Date/Time: _____

Stopover Point: _____

Route: _____

PASSENGER DETAILS

Number of Passengers: _____

Names: _____

Illnesses/Allergies: _____
