FLOAT PLAN



Complete this form before going out on your boat, and leave it with a reliable person who will notify authorities if you do not return as scheduled. If you are delayed and it is not an emergency, inform the person with your float plan to avoid an unnecessary search.



1.	Name of person filing this plan: Cell phone #: ()					
2.	Description of boat: Registration number: Color: Trim:					
3.	Names of persons on board:	Age:	Address:			
			Cell phone	#: ()	
			Cell phone	#: ()	
			Cell phone	#: ()	
			Cell phone	#: ()	
			Cell phone	#: ()	
			Cell phone	#: ()	
١.	Description of engine: Type: Horsepower: # of Engines Fuel capacit					Fuel capacity:
i.	Survival equipment on board. Check as appropriately Life Jackets (PFDs) Flares Flash		□ Signal mi	rror	☐ Anchor(s)	☐ Raft or dinghy
	☐ Smoke Signals ☐ Horn ☐ Water	r	☐ Paddles		☐ Food	
ò.	Radio 🗆 Yes 🕒 No Type:	dio □Yes □ No Type: Frequen		ies:	Call sign	n:
' .	Trip expectations: Leaving from:		Goi	na to:		
	Departing on:/	am [⊐ pm Re		/_	am 📮 pm
3.	date time Other pertinent information:				date	time
).	escription of automobile: Trailer license plate #: ake: Model: Color:			License plate #: Where parked:		
10.	If not returned by://	_ □ an	n □pm			
	Call: Local authority: U.S. Coast Guard Telephone #: ()	_ Telephone :	#: ()	