# FLOAT PLAN

Date _____

Complete this plan before you go boating. These are the questions the Coast Guard will ask in the event that you need help. It is not required that you fill in all the blanks on this form, but the more information you can provide, the easier it will be to render help if needed.  Leave it with a reliable person, such as family member, the Harbor Master or at a marina.  Ask the person to notify the Coast Guard or other local authority if you do not return on schedule. Cancel the plan on your return. **Remember,  this plan is to help the Coast Guard to help you!**
**DO NOT FILE THIS PLAN WITH THE COAST GUARD.**

Name of Vessel _____ Type _____

Operators Name _____ Phone _____

 Address _____ Cell _____

## Description of Vessel

Make _____ Reg # _____ Length _____

# Sails _____    # Engines _____    Type _____    Fuel Cap _____

Color _____    Color Trim _____    Color of Canvas Top _____

## Survival Equipment
**(The Coast Guard will want to know if you are wearing the Lifejackets)**

PFDs   Type _____ # _____    Marine Radio _____    EPIRB _____    Type _____

  Type _____ # _____    # Flares _____    VDS _____

  Type _____ # _____    Anchors ____    Length of Anchor Line _____

Raft or Dinghy _____    Length _____    Name _____

## Trip Details

Departure Location _____ Date _____ Time _____

Return _____ Date _____ Time _____

Intermediate Location _____ Lat _____ Long _____

# Other People on Board

| Name | Age | Phone | Known Medical Condition |
|------|-----|-------|------------------------|
| _____ | ____ | _____ | _____ |
| _____ | ____ | _____ | _____ |
| _____ | ____ | _____ | _____ |
| _____ | ____ | _____ | _____ |
| _____ | ____ | _____ | _____ |

# Land Vehicles

Auto License _____          State _____          Make & Type _____          Color _____

Trailer _____          State _____          Where Parked _____

# Notification

If Not Returned by: _____ (Date, Time) **Call the Coast Guard at:** _____

Or Local Authority at: _____

Notify Emergency Contact Name _____          Phone _____