

FLOAT PLAN

Complete this form before going boating and leave it with a responsible person who can be depended upon to notify the Coast Guard or other rescue organization if you should not return as scheduled.

Do NOT file this plan with the Coast Guard

Name of person reporting and telephone number _____

Name of boat owner _____

Description of boat: Type _____ Boat color _____ Canvas color _____

Power _____ or Sail _____ Registration No. _____

Length _____ Boat name _____ Make _____

Number of persons on board: Adults _____ Children _____

Safety equipment (check as appropriate)

Life preservers _____	Flares _____	Mirror _____	Horn _____	Smoke signals _____
Raft or dinghy _____	Epirb _____	Anchor _____	Extra food & water _____	
Radio: Yes/No _____	Type _____	Freq _____	Cell Phone _____	

Departure from _____ Destination _____

Leave (Date) _____ (Time) _____ Return (Date) _____ (Time) _____

But in no event later than (Date) _____ (Time) _____

Proposed route of travel _____

If not returned by (Date) _____ (Time) _____

Call the Coast Guard or _____ (Local Authority)

Telephone numbers _____

**IF YOU CHANGE YOUR PLANS FOR ANY REASON NOTIFY THE PERSON
HOLDING THIS FLOAT PLAN**

Furnished by
Boating Activities Committee - United States Power Squadrons®
For information on Boating Classes in your vicinity call 1-888-367-8777