

Float Plan

Boaters

Name: _____
adult or minor: _____
boat type and color: _____
pfd color: _____
medical info: _____
emergency contact
(name and phone #) _____

Launch Info:

Launch Site: _____
Date and Time of Launch _____

Expected Return:

Final Landing Site _____
Expected Date and Time of Return _____

Proposed Route:

If we do not report in by (time and date) _____
please call: Emergency/Search Agency Phone: _____
911 and VTS #?

Gear Carried Onboard:

Communications:

VHF radio monitoring channels _____ Hours of daily monitoring _____
 Cell phone Number _____ Hours of daily monitoring _____

Signaling Devices:

<input type="checkbox"/> Handheld flares	<input type="checkbox"/> Flashlights	<input type="checkbox"/> Markers
<input type="checkbox"/> Aerial flares	<input type="checkbox"/> Chemical light sticks	<input type="checkbox"/> EPIRB
<input type="checkbox"/> Smoke	<input type="checkbox"/> Camera flash	
<input type="checkbox"/> Strobe	<input type="checkbox"/> Signal mirror	

Vehicle:

Year/make/model/color: _____
License plate number: _____