

Float Plan

Person Filing This Form

Name	Phone Number
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Vessel Information

Name		Home Port			Make and Year		
Country/Flag	Registration/Documentation/License No.	Length	Range	Fuel Capacity	Hull Color	Cabin Color	Trim Color
Type: Sail <input type="radio"/> Power <input type="radio"/>	Fuel: Diesel <input type="radio"/> Gas <input type="radio"/>	Drive: Inboard <input type="radio"/> Outboard <input type="radio"/> Outdrive <input type="radio"/>	No Engines: 1 <input type="radio"/> 2 <input type="radio"/>		Hull Type: Monohull <input type="radio"/> Multihull <input type="radio"/>		

Communication Equipment

	Freq / Number
VHF	
SSB	
Cell Phone	
Sat Phone	
CB	

Nav Eqpt

Compass <input type="checkbox"/>
GPS <input type="checkbox"/>
Charts <input type="checkbox"/>
Radar <input type="checkbox"/>
Loran <input type="checkbox"/>

Survival Eqpt

Life Jackets <input type="checkbox"/>	Horn <input type="checkbox"/>
Flares <input type="checkbox"/>	Dinghy/Raft <input type="checkbox"/>
Mirror <input type="checkbox"/>	Paddles <input type="checkbox"/>
Smoke Signal <input type="checkbox"/>	EPIRB 121.5/243.0 <input type="checkbox"/>
Anchor <input type="checkbox"/>	EPIRB 406 <input type="checkbox"/>
Flashlights <input type="checkbox"/>	EPIRB 406 w GPS <input type="checkbox"/>

Other Information

Auto / Trailer

Make / Model	Year	Color	License	Trailer License
Parked At				

Persons on Board

Name	Phone	Age	Sex	Medical or Other Info

Itinerary

Location	Arrive		Depart		Check In Deadline	
	Date	Time	Date	Time	Date	Time

Contacts

Name	Phone Numbers