



Float Plan

Boater(s) _____

Contact Info _____

Medical Info _____

Level of Experience _____

Vessel

Name _____

Call Letters _____

Distinguishing Features _____

Launch Information

Departure Date / Time _____

Expected Return Date/Time _____

Level of Experience _____

Safety Equipment Aboard

Action Plan If Not Back at Expected Time

Vehicle Information

Make/Model/License _____

Location _____

Give a copy to someone you trust. Display another copy in your vehicle.