



FLOAT PLAN

Complete this information before going boating and leave it with a reliable person. When you return, remember to contact that person.

Digital Float Plan:



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1. Contact Name: _____
Address: _____

Phone: _____
E-mail: _____

2. Boat Type: _____
Color: _____
Length: _____
Registration Number: _____
Choose one:
Inboard _____ Sail _____
Outboard _____ Other _____
Canoe/kayak/SUP _____

3. Operator Name: _____
Phone: _____
Passenger Name: _____
Phone: _____
Passenger Name: _____
Phone: _____
Passenger Name: _____
Phone: _____

4. CB: VHF:
(Yes) (No) (Yes) (No)

5. Automobile Make/Model: _____
Color: _____
License Plate Number: _____
Parked at: _____

6. Leaving From: _____
Date: _____ Time: _____
Returning To: _____
Date: _____ Time: _____

7. Stop 1: _____
(Location)

(Time)
Stop 2: _____
(Location)

(Time)
Stop 3: _____
(Location)

(Time)
Stop 4: _____
(Location)

(Time)

8. Emergency Contact (if not returned by):
Date: _____ Time: _____
Name/Relationship: _____
Phone: _____