

Southern Region, B.S.A.
Yachting Initiative
Program Elements

FLOAT PLAN

Date: _____

Complete this plan before you go boating. Leave it with a reliable person either at a marina or elsewhere.
Ask that person to notify the Coast Guard or other local authority if you do not return as scheduled.
DO NOT FILE THIS PLAN WITH THE COAST GUARD OR OTHER LOCAL AUTHORITY.
Cancel the plan when you return.

Name of your vessel _____

Your Name _____ Telephone _____

Address _____

DESCRIPTION OF VESSEL

Type _____ Color _____

Color of Trim _____ Registration Number _____

Length _____ Sails _____ Make _____

Engines: Number _____ Type _____ Horsepower _____

Fuel Capacity: _____ Canvas Top? _____ Color of Top? _____

SURVIVAL EQUIPMENT (Check as appropriate)

PFDs _____ Flares _____ Mirror _____ Signal Flag _____

Smoke Signals _____ Signaling Flashlight _____

Food _____

Emergency Water _____

Anchor _____ Amt. Of Line _____ Paddle _____

Radio YES/NO _____ Type _____ EPIRB _____ Frequencies _____

Raft or Dinghy _____

OTHER PEOPLE ON BOARD

Name	Age	Address & Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRIP DETAILS

Depart: Date _____ Time _____ **Return:** Date _____ Time _____

Destination: _____ VIA _____

Return VIA _____ Latest Time of Return _____

IF TRAILERING:

Auto License _____ State _____ Type & Make _____

Trailer License _____ State _____ Color of Auto _____

Where Parked? _____

NOTIFICATION

If Not Returned Back by _____ (Time) **Call the Coast Guard**

Telephone Number _____ or

Local Authority (Name) _____

Telephone Number _____

ANY OTHER PERTINENT INFORMATION

