

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

