

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**

\_\_\_\_\_  
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