

FLOAT PLAN

Well # _____

For safety purposes, if you are planning to return after park hours, remain on your boat overnight, or for an extended trip please complete this form. The following information will help rescue agencies know where to look for you. If a float plan is not submitted, the attendant on duty will contact emergency numbers listed on the application/agreement to notify them of your failure to return to the marina.

PERSON FILING THIS PLAN

Name: _____ Telephone Number: (____) _____

DESCRIPTION OF BOAT

Type: (Please circle all that apply) Power Sail Cruiser Sloop Sportfisherman Other: _____

Hull Color _____ Trim Color: _____

State/Registration Number: _____ Length: _____ ft.

Name of Boat: _____ Make/Model/Year: _____

ENGINES

Type: (Please circle each that apply) Gasoline / Diesel / None Inboard / I/O / Outboard / N/A

Horsepower: _____ Number of engines: _____ Fuel capacity: _____ gals.

SURVIVAL EQUIPMENT (Check as Appropriate):

<input type="checkbox"/> PFDs	<input type="checkbox"/>	<input type="checkbox"/> Flares	<input type="checkbox"/>	<input type="checkbox"/> Signal Mirror	<input type="checkbox"/>	<input type="checkbox"/> Horn	<input type="checkbox"/>	<input type="checkbox"/> Smoke Signals	<input type="checkbox"/>	<input type="checkbox"/> Flashlight	<input type="checkbox"/>
<input type="checkbox"/> Raft or Dinghy	<input type="checkbox"/>	<input type="checkbox"/> EPIRB*	<input type="checkbox"/>	<input type="checkbox"/> Paddles	<input type="checkbox"/>	<input type="checkbox"/> Food	<input type="checkbox"/>	<input type="checkbox"/> Water	<input type="checkbox"/>	<input type="checkbox"/> Anchor(s)	<input type="checkbox"/>

* Frequency's: VHF-FM 15/16 _____ 121.5 MHZ _____ 406 MHZ _____

RADIO

Type: (Check as Appropriate)

<input type="checkbox"/> None	<input type="checkbox"/>	<input type="checkbox"/> Marine VHF	<input type="checkbox"/>	<input type="checkbox"/> SSB	<input type="checkbox"/>	<input type="checkbox"/> CB	<input type="checkbox"/>	<input type="checkbox"/> Cell phone	<input type="checkbox"/>	<input type="checkbox"/> Other (Specify)	<input type="checkbox"/>
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Frequencies/Channels used: _____ Call sign/number: _____

TRIP EXPECTATIONS

Departure: _____ Destination: _____
Date Time

Est. Return: _____ But no later than: _____
Date Time Date Time

AUTOMOBILE

Make/Model/Year: _____ Color: _____

License Number: _____ Where Parked: _____

*****PLEASE INDICATE ALL PERSONS ONBOARD ON BACK OF FLOAT PLAN (Include Yourself!)*****

If not returned by _____ **CALL COAST GUARD (586) 778-0590**
Date Time

PERSONS ONBOARD

<i>Name</i>	<i>Age</i>	<i>Address</i>	<i>Telephone</i>

OTHER PERTINENT INFORMATION:

FOR GATE/PATROL USE ONLY:

Record Any Actions Taken Regarding this Float Plan:

Safe Return: _____

 Date Time Signature of Attendant taking above actions