

1. Phone Numbers to Call in Case of Emergency	Boating Experience:		
Coast Guard:	Special Medical Concerns:		
Marine Police:			
Local TowBoatU.S. Company:	V qquoon	Address: Cellphone:	
	Boating Experience:		
2. Description of the Boat	Email:		
Boat Name:Hailing Port:	Special Medical Concerns:		
Type:Model Year:	4. Name:	Age:	
Make:Draft:Beam:Draft:	Address:	Ce	Ilphone:
Color, Hull:Dodger:Trim:Dodger:	Boating Experience:		
Other Colors:# of Masts:			
Distinguishing Features:			
Registration No:Sail No:		Return No Later Than:	
MMSI No:	Depart From:		
Engine(s) Type:Horsepower:Cruising Speed:	Marina (Home Port):	Cellphone:	
Fuel Capacity, Gallons:Cruising Range:	Vehicle Parked At:		
Electronics/Safety Equipment Aboard	Model/Color:		
VHF Radio: Cellphone: AIS: SSB:	Death at ion Death		
Chartplotter Depth Sounder: Radar: GPS:	Destination Fort.		
Raft: Dinghy: EPIRB or PLB: (Indicate Type)			No Later Than:
(Indicate Type)	Phone:		
3. Trip Details	Anticipated Stopover Ports		
Owner/Skipper (Filing Report):	1	ETA:	No Later Than:
Cellphone:Age:	Phone:		
Address:			
Email:	Phone:		
Special Medical Concerns:	3		No Later Than:
Additional Persons Aboard, Total:	Phone:		
1. Name:Age:			
Address: Cellphone:	Phone:		
Email:			
Boating Experience:	Plan Filed With:		Date:
Special Medical Concerns:	Contact Info:		
2. Name:Age:	Download the form, in it out t		
Address: Cellphone:	If you file a float plan with som boating friend, be sure to notify		
Email:	or authorities with unnecessar		

BoatU.S. provides this blank form only as a courtesy. BoatU.S. does not receive or retain a copy of any filled-out float plan and has no obligations regarding use of the float plan.



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