



FLOAT PLAN



If trouble occurs while you're on the water, help will come faster if the C.G. and other rescuers know where to look for you. For your safety and your family's peace of mind, complete this form and leave it at the Marina Office. If this is not possible, leave it with a responsible person whom you can trust to notify authorities if you are overdue.

Remember to **check the weather** before you depart and, if possible, during your trip. The weather can be heard on the speaker at the U.S.C.G. Auxiliary Station Caboose near the Small Boat Harbor Office. You can also call 1-800-472-0391 Extension 3145 for Passage Canal and Extension 3144 for Prince William Sound. **When you return from your trip, drop off the "Close-out Tag" at the Marina Office.**

IF OVERDUE CONTACT: _____ PHONE: _____
 Please enter the name of a family member or friend. Do not enter the U.S.C.G.

Vessel Information

Vessel Name: _____ Registration/ Document No. _____
 Operator: _____

Type	Hull Type	Communications	Survival Equipment
<input type="checkbox"/> Kayak	<input type="checkbox"/> Fiberglass	<input type="checkbox"/> Installed VHF	<input type="checkbox"/> Food
<input type="checkbox"/> Open Skiff	<input type="checkbox"/> Wood	<input type="checkbox"/> Handheld VHF	<input type="checkbox"/> Shelter
<input type="checkbox"/> Cabin Cruiser	<input type="checkbox"/> Aluminum	<input type="checkbox"/> Single Side Band	<input type="checkbox"/> Warm Clothing
<input type="checkbox"/> Sailing Vessel	<input type="checkbox"/> other _____	<input type="checkbox"/> CB	<input type="checkbox"/> Matches/Lighter
<input type="checkbox"/> Pers. Water Craft		<input type="checkbox"/> Flares	<input type="checkbox"/> Raft/Dinghy
Fuel Cap.: _____	Water Cap.: _____	<input type="checkbox"/> Cell Phone	<input type="checkbox"/> PFDs each
Radio Call Sign: _____	Nav Aids: Maps _____ GPS _____ Radar _____	Compass _____	Charts _____ Loran _____
Length: _____	Main Power: _____	Aux. Power: _____	Hull Color: _____ Trim Color: _____

Vehicle Information

License Plate: _____ Make: _____ Model: _____ Year: _____ Color: _____

Location Parked: _____

Persons Onboard

List all names of persons onboard (POB): _____

Trip Information

Departure: _____/2009 _____ Return: _____/2009 _____
Date Time Date Time

Destination: _____ Route: _____

Close-Out Tag (please detach this portion and drop off at Marina Office after your return)

Vessel Name: _____ Your Name: _____

Return Time/Date: _____

Comments: _____