

Complete this page before going boating. Leave it with a reliable person who can be depended upon to notify the Coast Guard or other rescue organization, should you not return as scheduled. **Do not file this plan with the Coast Guard.**

Name of captain:	Phone number:
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Description of Vessel					
Type:		Color:		Trim:	
Registration No:		Captains yrs of experience:		Length:	
Vessel Name:		Make:		Other info:	
Engine Type:		Horsepower:			
No. Of Engines:		Fuel Capacity:			

Survival/Comm/Nav Equipment <small>(check or insert number carried)</small>							
<input type="checkbox"/>	# of PFDs aboard	<input type="checkbox"/>	Flares / Type:	<input type="checkbox"/>	Mirror	<input type="checkbox"/>	GPS
<input type="checkbox"/>	Flashlight	<input type="checkbox"/>	Food (days)	<input type="checkbox"/>	Paddles	<input type="checkbox"/>	Loran C
<input type="checkbox"/>	Anchor	<input type="checkbox"/>	Water (gals)	<input type="checkbox"/>	Dinghy	<input type="checkbox"/>	Radar
<input type="checkbox"/>	Tool Kit	<input type="checkbox"/>	VHF-FM	<input type="checkbox"/>	Cell phone #	<input type="checkbox"/>	Charts

Automobile / Trailer			
Auto license No. / State:		Auto make / model:	
Auto color:		Auto year:	
Trailer type:		Trailer license No:	
Where parked:			

Total # of Persons On Board () <small>(list additional persons on back)</small>		
Name	Age	Address & Telephone No.

Do you or any of the persons on board have a medical problem?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what?		

The Trip					
Leave at:		From:		Going to:	
via:		via:		via:	
Expected to arrive / return by:		<small>(time)</small>	and not later than:		<small>(time)</small>
If not returned by:		<small>(time)</small>	call the COAST GUARD, or (local authority)		

Telephone numbers: