



Float Plan

Complete this form before departing and leave it with a reliable person to notify the Coast Guard should you not return as scheduled. Do not file this plan with the Coast Guard.

Corinthian Yacht Club of Bellingham
P.O. Box 101
Bellingham, Washington 98227

Description of Boat

Registration / Documentation No. _____ Name _____

Length _____ Make _____ Type _____

Hull Color _____ Trim Color _____

Fuel Capacity _____ Engine Type _____

Distinguishing Features _____

Operator of Boat

Name _____ Age _____

Health _____ Phone _____

Address _____

Operator's Experience _____

Survival Equipment (Check as appropriate)

PFDs # _____ Flares Mirror

Smoke Signals Food Flashlight

Raft or Dinghy Anchor EPIRB

VHF Marine Radio Paddles. Water

Others _____

Trip Expectations

Depart from _____

Departure Date _____

Time _____

Going to _____

Arrival Date _____

Time _____

If operator has not arrived/returned by: _____

Date _____

Time _____

call the Coast Guard or Local Authority at the following number: _____

Vehicle Description

License No. _____

Make _____

Model _____

Color _____

Vehicle is parked at: _____

Persons on Board

Name

Age

Phone

Medical Conditions

Name	Age	Phone	Medical Conditions

Remarks
