

FLOAT PLAN

1. Name of person filing float plan and telephone number

 (_____) _____

2. Description of boat

Type _____ Color _____ Trim _____

Registration No. _____ Length _____

Name _____ Make _____ Other _____

3. Engine type _____ H. P. _____

No. of engines _____ Fuel capacity _____

4. Survival equipment PFDs Paddles Smoke signals Anchor

5. Radio Yes No Type _____ Frequency _____ Call Sign _____

6. Mobile phone Yes No (_____) _____

7. Automobile license number _____

8. Make of auto _____ Color _____

9. Where parked _____

10. Persons on board

Name	Age	Address & Telephone

11. Do any of the persons on board have a medical problem?

Yes No If yes, what? _____

12. Trip expectations. Leave at _____ am pm

From _____ going to _____

Expect to return by (time) _____ am pm and

not later than _____ am pm

13. Any other pertinent information? _____

14. If not returned by _____ am pm (time) call the:

Rescue Co-ordination Centre 297-1010 or Dial 911 and request Marine Rescue