



Float Plan (Extended Cruises)

Date: ___/___/___

Captain: _____

Leaving From: Address: _____

City: _____ State: _____

Type of Boat: _____ Manufacturer: _____

Length: _____ Color: _____ Number on Board: _____

Marine Radio On Board: Yes [] No [] Monitoring Channels _____

Cruise Detail: (destinations, ETAs for each port to be visited) Number of Boats in Flotilla: _____

Port 1: _____ Date: ___/___/___

Number of Days in Port: _____ Harbor Master Phone Number: (____) _____

Port 2: _____ Date: ___/___/___

Number of Days in Port: _____ Harbor Master Phone Number: (____) _____

Port 3: _____ Date: ___/___/___

Number of Days in Port: _____ Harbor Master Phone Number: (____) _____

Port 4: _____ Date: ___/___/___

Number of Days in Port: _____ Harbor Master Phone Number: (____) _____

Port 5: _____ Date: ___/___/___

Number of Days in Port: _____ Harbor Master Phone Number: (____) _____

Emergency Contact: Name: _____

Phone Number: _____

Other Information:
