



# BOATING SAFETY FLOAT PLAN

Dear Sarasota County Boater:

As your Sheriff, I want you to be safe while you are boating. I recommend that you complete a float plan like this and leave it with a reliable person who can notify the Sarasota County Sheriff's Office or the Coast Guard in case you do not return as scheduled.

Remember, if your return is delayed and it is not an emergency, inform the person you have designated and, if necessary, the Sheriff's Office/Coast Guard to avoid an unnecessary search for you.

Enjoy  
your trip!  
Sheriff Tom Knight



NAME OF PERSON COMPLETING THIS PLAN: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

## BOAT DESCRIPTION:

TYPE: \_\_\_\_\_ REGISTRATION NUMBER: \_\_\_\_\_

LENGTH: \_\_\_\_\_ NAME: \_\_\_\_\_ MAKE: \_\_\_\_\_

COLOR: \_\_\_\_\_ ENGINE TYPE: \_\_\_\_\_ HP: \_\_\_\_\_

NUMBER OF ENGINES: \_\_\_\_\_ FUEL CAPACITY: \_\_\_\_\_

## RADIO INFORMATION:

RADIO ON BOAT: YES / NO FREQUENCIES: \_\_\_\_\_ CALL SIGN: \_\_\_\_\_

## VEHICLE DESCRIPTION:

MAKE: \_\_\_\_\_ COLOR: \_\_\_\_\_ LICENSE NO: \_\_\_\_\_

TRAILER LICENSE NUMBER: \_\_\_\_\_ LOCATION PARKED: \_\_\_\_\_

## TRIP EXPECTATIONS:

LEAVING FROM: \_\_\_\_\_ GOING TO: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ RETURNING DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

IF NOT RETURNED BY, CALL FOR HELP: \_\_\_\_\_ DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

## PEOPLE ON BOARD:

NAME	AGE	ADDRESS	PHONE
			(   )
			(   )
			(   )
			(   )
			(   )

Use the back of the form to add more boaters. To print additional copies of this float plan, visit [www.SarasotaSheriff.org](http://www.SarasotaSheriff.org) and go to Boating Safety under Public Interest