Sailboats Inc.
SI Marine Management

Sailboats Inc. • 800-826-7010 • Fax 715-779-5202 • www.sailboats-inc.com • chyde@sailboats-inc.com

FLOAT PLAN

Captain_____ Yacht_____

Number of persons on board: Adults_____ Children_____

Departure from_____ Date_____ Time_____

Itinerary_____

Crew members names Address (there must be at least 1 experienced crew member onboard)

1._____
2._____
3._____
4._____
5._____
6._____
7._____
8._____

Crew info (from above name):

	# of yrs sailing	Times/ year	Skipper or crew	Type of sailboat	LOA
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Date and estimated time of return_____

YOU MUST BE READY FOR CHECKOFF BEFORE 5PM ON THE LAST CHARTER DAY.

_____ _____

Captain's Signature Date