FLOAT PLAN

Email to: bwthelp@usace.army.mil

Name and Pl	hone Number o	f Vessel Oper	ator:
Description of	of Vessel (Type	Make, and M	1odel):
	Color:		Engine type and size:
	Registration	number:	
Radio:	Yes	No	Type and Frequency:
Cell Phone:	Yes	No	Phone Number:
Truck or Car	License Numbe	:r:	
Make	e, Model, and C	olor:	
Wher	re Parked:		
Persons on B	Board Total #:		
Name	e	Number	Emergency Contact Name/# (Not Onboard Vessel)
Any Medical	Conditions for	Persons on Bo	oard:YesNo
List:			
Trip Expecta	tions (Route, Si	op Points, Tin	ne Leaving, and Time Returning):
CONTACT LO	OCAL AUTHORIT	IES IF NOT RE	TURNED OR CHECKED IN BY THIS TIME AND DATE:

The data requested above is for informational purposes only, and does not establish a duty to monitor the vessel/person(s) or establish any other duties not presently imposed by or arising under Federal law. Boaters agree to hold the United States harmless for any and all claims that may arise by providing the Corps of Engineers with the float plan.