



Bluewater Sailing

FLOAT PLAN -- BAREBOAT CHARTER AGREEMENT, TERMS AND CONDITIONS

DESCRIPTION OF BOAT:

Type / Make _____ Length _____ Name _____

PERSONS ONBOARD: NAME CAPTAIN / CHARTERER / SKIPPER	AGE	Work	TELEPHONE NUMBERS		EMERGENCY SKILLS? Y / N?
			Home		
_____	_____	_____	_____	_____	_____

CREW / GUESTS (use reverse for any more names)	AGE	Work #	Home #	Cell #
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

Failure to list all crew will result in permanent revocation of charter privileges & may result in U.S. Coast Guard legal penalties.

Current Home Address of Captain & Crew MUST BE LISTED ON REGISTRATION FORMS which must also be completed for all.

DO ANY OF THE PERSONS ABOARD HAVE A MEDICAL PROBLEM? _____ (Yes / No)

If So, Who & What? _____

TRIP EXPECTATIONS: (all entries must be completed in full)

Depart From: (Location) _____

Leave On (Day of Week) _____ (Date) _____ (Time) _____

Going To Destination: (Location) _____

ETA (Day of Week) _____ (Date) _____ (Time) _____

Travel Via: _____

Return By: (ETA Day of Week) _____ (Date) _____ (Time) _____

VESSEL RETURNED TO ORIGINAL SLIP AND IN NO EVENT LATER THAN SUNSET TIME

AUTOMOBILE: LICENSE _____ WHERE PARKED _____

YEAR, COLOR, TYPE, AND MAKE OF AUTO _____

ANY OTHER PERTINENT INFORMATION _____

IF OVERDUE, PLEASE CONTACT (required)

IF NOT RETURNED BY Date & Time Listed Above, Bluewater WILL CALL COAST GUARD Phone # & LOCAL AUTHORITIES&

ALSO CALL (Friends, Family, Etc.):	NAME	HOME TELEPHONE #	WORK TELEPHONE #
_____	_____	_____	_____
_____	_____	_____	_____