

# MWR Great Lakes Float Plan



MWR requires this worksheet be submitted to Bldg. 13 for any vessel leaving the Great Lakes Marina Harbor.

The information provided on this worksheet could save your life. In the event you are delayed in returning, due to an accident, foul weather or other emergency, this information will be provided to the U.S. Coast Guard for search and rescue efforts. If you are delayed and it is NOT an emergency, please contact the MWR Marina on the radio or via phone at 847-688-5417 to avoid an unnecessary search. Thank you for your cooperation.

## 1 Operator of Boat:

Name: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## 2 Description of Boat:

Length: \_\_\_\_\_ Make/ Year: \_\_\_\_\_ Type: \_\_\_\_\_  
Hull & Trim color: \_\_\_\_\_  
Engine: \_\_\_\_\_ No. of Engines: \_\_\_\_\_ Fuel Capacity: \_\_\_\_\_  
Distinguishing Features: \_\_\_\_\_

## 3 Trip Expectations:

Departing from: Great Lakes Marina Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Going to: \_\_\_\_\_ ETA: \_\_\_\_\_  
Returning to: Great Lakes Marina Date: \_\_\_\_\_ Time: \_\_\_\_\_

*If operator has not arrived/returned within 60 minutes of the above date/time or contacted the MWR Marina, the Coast Guard and Local Authorities will be notified.*

## 4 Persons on Board:

Number of Adults:		Number of Children:	
Name: _____	Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____	Name: _____
Name: _____	Name: _____	Name: _____	Name: _____

## 5 Marine Radio:

Yes: \_\_\_\_\_ No: \_\_\_\_\_ Type: \_\_\_\_\_ DSC MMSI #: \_\_\_\_\_

## 6 Vehicle Description:

Make & Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_  
Where is vehicle parked?: \_\_\_\_\_

## 7 Survival Equipment (mark what you have on board):

# PFDs: _____	# Flares: _____	Mirror: _____	Smoke Signal: _____
Flashlight: _____	Food: _____	Fresh Water: _____	Paddles: _____
Anchor: _____	Raft or Dinghy: _____	EPIRB: _____	Other: _____

## 8 Emergency Contact:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relation to you: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Relation to you: \_\_\_\_\_

\*MWR will make contact with Emergency Contacts/Coast Guard for anyone not returned an hour after scheduled.

## 9 Remarks:

\_\_\_\_\_  
\_\_\_\_\_