

OSYC FLOAT PLAN

SKIPPER NAME: _____ AGE: _____

CREW NAME: _____ AGE: _____

CREW NAME: _____ AGE: _____

DATE OF DEPARTURE: _____

Time Out: _____ Time In: _____

***YOU MUST COME BACK AND SIGN THE BOAT IN!!**

WHICH CLUB BOAT YOU'RE TAKING:

Wave Number _____ Getaway _____

LIST THE CELL PHONE NUMBER &/OR VHF CHANNEL WILL YOU HAVE ON BOARD:

WHO SHALL WE CALL IF YOU ARE NOT BACK BY DARK OR IN AN EMERGENCY?

NAME: _____ PHONE#: _____

WHERE ARE YOU GOING? CIRCLE THAT AREA ON THE MAP.



I HAVE READ AND WILL ADHERE TO THE BOAT RULES (LIABILITY/FEES ETC)
IF A MINOR, A PARENT OR GUARDIAN'S SIGNATURE IS REQUIRED

Signature _____

DATE _____