



1 YOUR INFORMATION

Name:	
Telephone Number:	
Address:	Contact in case of Emergency (Name and Number):

2 YOUR BOAT

Boat Name:	Type:	<input type="checkbox"/> Motor boat	<input type="checkbox"/> Sailing boat
Registration Number:	Make:		
Length:	Engine Type:	<input type="checkbox"/> Inboard	<input type="checkbox"/> Outboard
Colour			
Hull:	Sails:		
Distinguishing Features:			
Communication			
Radio Channels Monitored:			
Onboard Satellite or Cellular Telephone Number:			

3 SAFETY EQUIPMENT ON YOUR BOAT

Lifejackets and Personal Floatables Devices (include number):
Liferafts (include type and colour):
Flares (include number and type):
Other Safety Equipment:

4 YOUR TRIP (UPDATE THESE DETAILS EVERY TRIP)

Number of People on Board:	
Planned Route	
Leaving From:	Date and Time of Departure:
Heading To:	Estimated Date and Time of Arrival:
Stopover Points (indicate date and time)	