



## StFYC Float Plan for Ocean Races

### **Required for Races with Marks West or South of Point Bonita Required by the US Coast Guard as a Condition of Entering Ocean Races**

RACE: \_\_\_\_\_

DATE: \_\_\_\_\_

VESSEL NAME: \_\_\_\_\_ SAIL NUMBER: \_\_\_\_\_

Length: \_\_\_\_\_ Beam: \_\_\_\_\_ Draft: \_\_\_\_\_ # Crew: \_\_\_\_\_

Boat Type: (sloop, ketch, yawl, cat) \_\_\_\_\_ Sail Number: \_\_\_\_\_

Mast Color: \_\_\_\_\_ Deck Color: (e.g. teak/white) \_\_\_\_\_

Hull Color: \_\_\_\_\_ Bottom Color \_\_\_\_\_

MARINA where vessel will return after race (Home): \_\_\_\_\_ Berth Number: \_\_\_\_\_

OWNER/SKIPPER NAME: \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Yrs of Ocean Racing Experience \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

CREW 1 NAME: \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Yrs of Ocean Racing Experience \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

CREW 2 NAME: \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Yrs of Ocean Racing Experience \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

CREW 3 NAME: \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Yrs of Ocean Racing Experience \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**COMMUNICATION EQUIPMENT ON BOARD:**

Check as applicable

\_\_\_ VHF Call Sign \_\_\_\_\_ SSB Call Sign: \_\_\_\_\_

\_\_\_ HAM Call Sign \_\_\_\_\_ SAT Phone # \_\_\_\_\_

**EPIRB CERTIFICATE:**

Check as applicable

\_\_\_ No EPIRBs

\_\_\_ EPIRB 1: Beacon ID: \_\_\_\_\_ Manufacturer \_\_\_\_\_  
Registering Authority \_\_\_\_\_ Category (1 or 2) \_\_\_\_\_  
Model Number \_\_\_\_\_ Decal Date \_\_\_\_\_

\_\_\_ EPIRB 2: Beacon ID: \_\_\_\_\_ Manufacturer \_\_\_\_\_  
Registering Authority \_\_\_\_\_ Category (1 or 2) \_\_\_\_\_  
Model Number \_\_\_\_\_ Decal Date \_\_\_\_\_

**ON BOARD TRAINING**

|                        | <u>Not Discussed/Practiced</u> | <u>Discussed</u> | <u>Practiced</u> |
|------------------------|--------------------------------|------------------|------------------|
| Man Overboard          | _____                          | _____            | _____            |
| Quick Stop             | _____                          | _____            | _____            |
| Abandoning Ship        | _____                          | _____            | _____            |
| Life Raft/ Life Jacket | _____                          | _____            | _____            |
| Pyrotechnics           | _____                          | _____            | _____            |
| EPIRB                  | _____                          | _____            | _____            |
| Contact Outside Help   | _____                          | _____            | _____            |
| Rudder/Steering Loss   | _____                          | _____            | _____            |
| Dismasting             | _____                          | _____            | _____            |
| Storm Sails            | _____                          | _____            | _____            |

**ALONG WITH THIS FORM, AN ACCOMPANYING PICTURE OF THE VESSEL MUST BE SENT VIA EMAIL TO [raceoffice@stfyc.com](mailto:raceoffice@stfyc.com)**

**PLEASE RETURN THIS COMPLETED FLOAT PLAN TO THE StFYC RACE OFFICE  
[raceoffice@stfyc.com](mailto:raceoffice@stfyc.com), or 415.563.8670 (FAX)**

**CREW 4 NAME:** \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Yrs of Ocean Racing Experience \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CREW 5 NAME:** \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Yrs of Ocean Racing Experience \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CREW 6 NAME:** \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Yrs of Ocean Racing Experience \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CREW 7 NAME:** \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Yrs of Ocean Racing Experience \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CREW 8 NAME:** \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Yrs of Ocean Racing Experience \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CREW 9 NAME:** \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Yrs of Ocean Racing Experience \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_

**CREW 10 NAME:** \_\_\_\_\_ Age \_\_\_\_\_  
M/F \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Yrs of Ocean Racing Experience \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell Phone On Board: \_\_\_\_\_  
Emergency Contact Name \_\_\_\_\_ Phone Number: \_\_\_\_\_