



Village Community Boathouse
Cruise Report 2017

Date _____ Coxswain _____
 Boat Name _____ **Cell Phone # on Board** _____
 Boat Colors _____ Coordinator of the Day _____
 School Program _____ Designated Worrier _____

Float Plan

<input type="checkbox"/> Basin	<input type="checkbox"/> North	<input type="checkbox"/> South	<input type="checkbox"/> Across	Other
Departure Time		Estimated Return Time		

Weather & Sea Conditions

Weather Forecast	Battery High Tide
Actual Weather	Current at Launch
Wind	Next Slack Tide

Equipment Check

<input type="checkbox"/> Extra pins	<input type="checkbox"/> Paddle	<input type="checkbox"/> Drain plug in	<input type="checkbox"/> Horn/Whistle	<input type="checkbox"/> Water
<input type="checkbox"/> Extra rings	<input type="checkbox"/> 4 oars	<input type="checkbox"/> Throwable PFD	<input type="checkbox"/> Foot rests	<input type="checkbox"/> Anchor
<input type="checkbox"/> Bow flag	<input type="checkbox"/> Bailer	<input type="checkbox"/> Emergency Bag Closed		

Reminders

<input type="checkbox"/> Talk on getting in and out of the boat
<input type="checkbox"/> Crew member has Coordinator of the Day's cell phone #
<input type="checkbox"/> Talk on cleaning the boat
<input type="checkbox"/> Talk on donations accepted

Crew Name	Gender	Age	EMERGENCY Phone #	Waiver?
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Trip Events: _____