



Village Community Boathouse
Cruise Report 2024

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	Battery High Tide
Wind	Current at Launch
Sunset	Next Slack Tide

Equipment Check

<input type="checkbox"/> 6 pins	<input type="checkbox"/> Paddle	<input type="checkbox"/> Drain plug in	<input type="checkbox"/> Extra water	<input type="checkbox"/> Yoke
<input type="checkbox"/> 6 rings	<input type="checkbox"/> 4 oars	<input type="checkbox"/> Throwable PFD	<input type="checkbox"/> Foot rests	<input type="checkbox"/> Rudder
<input type="checkbox"/> Bow flag	<input type="checkbox"/> Bailer	<input type="checkbox"/> Emergency Bag	<input type="checkbox"/> Horn or whistle	<input type="checkbox"/> Lights

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	Age	EMERGENCY Contact #	Waiver?
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Trip Events: _____