

Date: _____ ETD: _____ ETA: _____

Shore Contact: _____ Coast Guard Contact: _____

Group Information:

Overview of Trip:

Tidal Information	Port:	Port:
High Water Time AM		
Low Water Time PM		
Spring / Neap		

Forecast:

Hour	1	2	3	4	5	6	7
Time							
Wind							
Tide							
Swell							

Tidal Streams	Flood Tide	Ebb Tide	Flood Tide	Ebb Tide
Location				
Time Starts				
Direction				
Max Speed				

Planning Sketch Map:

