

Float Plan



If we do not report in by _____ AM/PM on _____ ,
Time Date

please call: _____
Emergency/Search Agency Phone

Report us as overdue/missing and provide the following information:

CANOE/KAYAK:

Names	_____	_____	_____
Age/Gender	_____	_____	_____
Phone	_____	_____	_____
Vessel colors (deck/hull)	_____	_____	_____
PFD colors	_____	_____	_____
Paddling clothes colors (top/pants)	_____	_____	_____
Skill level	_____	_____	_____
Medical info	_____	_____	_____

GEAR CARRIED ONBOARD:

SIGNALING DEVICES

- Handheld flares
- Aerial flares
- Smoke
- Strobe
- Flashlights
- Chemical light sticks
- Camera flash
- Signal mirror
- Markers

COMMUNICATIONS

- Satellite Phone _____
- Cell phone Number _____ Hours of daily monitoring _____

EQUIPMENT

- Tent(s) Colors _____
- First-aid kit
- Fire-starting materials
- Water for _____ days
- Food for _____ days

LAUNCH SITE: _____

_____ Date Time AM/PM

FINAL LANDING SITE: _____

_____ Date Time AM/PM

VEHICLE:

_____ Year/make/model/color License number

SHUTTLE VEHICLE (if applicable):

_____ Year/make/model/color License number

PROPOSED ROUTE, CAMPSITES, AND ALTERNATIVES:

