

Float Plan

Name of leader: _____ Phone: _____

Names : _____ Phone: _____

Names : _____ Phone: _____

Names : _____ Phone: _____

Names : _____ Phone: _____

EMERGENCY CONTACT (may be contacted if you are late returning)

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

VEHICLE DESCRIPTIONS

Colour _____ Model _____ License _____

Colour _____ Model _____ License _____

Colour _____ Model _____ License _____

TRIP DESCRIPTION

Destination Area: _____

Launch site location: _____

Departure from launch site date: _____ Time: _____

Return to launch site date: _____ Time: _____

Number of paddlers: _____

Number of kayaks - singles: _____ doubles: _____

Colours: _____

Approximate route description: _____

In the event of an emergency your plan of action is: _____

Emergency equipment: _____

If you have a **VHF radio** you will be listening at the following times: _____

Date: _____ Time: _____ Channel: _____

Date: _____ Time: _____ Channel: _____