

Float Plan

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

please call: _____ : _____
 Emergency/Search Agency Phone

Report us as overdue and provide the following information:

KAYAKERS:

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

GEAR CARRIED ONBOARD:

SIGNALLING DEVICES

- Handheld flares
- Aerial flares
- Laser signal flare
- Smoke
- Strobe
- Flashlights
- Chemical light sticks
- Camera flash
- Signal mirror
- Markers
- EPIRB/PLB

COMMUNICATIONS

- VHF radio _____
- 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

VEHICLE: _____
License number

_____ Year/make/model/color

FINAL LANDING SITE: _____

_____ Date _____ Time AM/PM

SHUTTLE VEHICLE (if applicable): _____
License number

_____ Year/make/model/color

PROPOSED ROUTE, CAMPSITES, AND ALTERNATIVES: _____

