

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:

KAYAK / CANOE / SUP:

Names	_____	_____	_____
Age/Gender	_____	_____	_____
Phone	_____	_____	_____
Kayak 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
- ☐ EPIRB

COMMUNICATIONS

- ☐ VHF radio Call sign _____
- ☐ 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: _____

FINAL LANDING SITE: _____

_____ Date Time AM/PM

_____ 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:



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