Float Plan

If we do not report in by __________ AM/PM on ________________,
please call: ___________________________ ___________________________
              Emergency/Search Agency                Phone

Report us as overdue/missing 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
- 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:** ________________________________________________
              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:** ________________________________

______________________________________________________________

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