



Float Plan

If we don't report in by: _____
TIME

AM/PM on: _____
DATE

Please call: _____
EMERGENCY SEARCH AGENCY

() _____
PHONE

Departure Site: _____
DATE TIME (AM / PM)

Final Destination: _____
DATE TIME (AM / PM)

Boat: _____
(TYPE / MAKE)

Tow Vehicle: _____
(if applicable): (YEAR / MAKE / MODEL / COLOUR)

License # (if applicable): _____

License #: _____

Details of Proposed Route, Campsites, and Alternatives:

Crew & Passengers

Name(s):	_____	_____	_____	_____
Age/Gender:	_____	_____	_____	_____
Phone:	_____	_____	_____	_____
PFD Colours:	_____	_____	_____	_____
Clothing Colours: (TOP PANTS)	_____	_____	_____	_____
Experience: (BEG, INT, ADV)	_____	_____	_____	_____
Medical Conditions:	_____	_____	_____	_____
Emergency Contacts:	_____	_____	_____	_____

Gear Carried Onboard:

SIGNALLING DEVICES:

- ☐ Handheld Flares
- ☐ Aerial Flares
- ☐ Smoke Flares
- ☐ Strobe
- ☐ Flashlight
- ☐ Chemical Light Stick
- ☐ Signal Mirror
- ☐ EPIRB
- ☐ Dye Markers

COMMUNICATIONS:

- ☐ VHF Radio Call Sign: _____
- ☐ Cell Phone Number: () _____
- ☐ Satellite Phone: () _____

EQUIPMENT:

- ☐ Tent Colours: _____
- ☐ First-Aid Kit: _____
- ☐ Fire-Starting Materials
- ☐ Water for _____ days
- ☐ Food for _____ days