

Float Plan



See Sea Kayak one

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:

KAYAKERS:

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

SIGNALING DEVICES

- Handheld flares
- Aerial flares
- Smoke
- Strobe
- Flashlights
- Chemical light sticks
- Camera flash
- Signal mirror
- Markers
- EPIRB

LAUNCH SITE: _____

Date Time AM/P

VEHICLE:

Year/make/model/color License number

FINAL LANDING SITE: _____

Date Time AM/PM

SHUTTLE VEHICLE (if applicable):

Year/make/model/color License number

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

PROPOSED ROUTE, CAMPSITES, AND ALTERNATIVES _____

Phone: (____) ____ - _____

GEAR CARRIED ONBOARD:
