

KAYAK TRIP/FLOAT PLAN



Name _____ Date _____

Address _____

Phone number: Home _____ Work _____

Vehicle: Make _____ Color _____

License number _____

Emergency contact name(s) and telephone number(s)

Medical conditions _____

Doctor's name and telephone number _____

Launch: Site _____ Date _____ Time _____

ITINERARY:

Destination	Arrival date and time
_____	_____
_____	_____
_____	_____
_____	_____

Return date and time _____

Call for search if not back by (date & time) _____

Trip initiator's name _____

Number of people in group _____

Type and color of kayak(s)

Type	Color
_____	_____
_____	_____
_____	_____

VHF radio call sign _____

Cell phone number(s) _____

Radio contact times _____

Emergency equipment carried _____

Survival equipment carried _____

Other information _____

NOTE: Allow time for short delays. Leave one copy with a responsible person and advise them of any changes. Take a copy in your kayak.

(Name _____ and telephone # _____ of responsible person)