

# 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)