

Photocopy this Float Plan or download a PDF version from www.seakayakermag.com

If we do not report in by _____ AM/PM on _____,
Time Date

Call: _____
Emergency/Search Agency Phone

Please report us as overdue/missing and provide them with 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

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: _____

