

Float Plan

TIME	If we don't report in b	AM/PM	AM/PM on:		
Departure Site: Final Destination: DATE TIME (AM / PM) DATE TIME (AM / PM) Boat: TOW Vehicle: (TYPE / MAKE) License #: Details of Proposed Route, Campsites, and Alternatives: Crew & Passengers Name(s): Age/Gender: Phone: PFD Colours: (TOP PANTS) Experience: (BEG, INT, ADV) Medical Conditions: Emergency Contacts: (BEG, INT, ADV) Medical Conditions: Emergency Contacts: Communications: Communica	•	•			DATE
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□ Strobe EQUIPMENT: □ Flashlight □ Tent Colours: □ Chemical Light Stick □ First-Aid Kit:			Cell Phone Number: ()	
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☐ Cignal Mirror ☐ Fire Ctarting Materials	_				
☐ Signal Mirror☐ Fire-Starting Materials☐ EPIRB☐ Water for days	•		_		
☐ Dye Markers ☐ Food for days					