

PADDLING FLOAT PLAN



If we do not report in by _____ am/pm on _____
Time Date

Please call: _____ (____) _____
Emergency Search Agency Phone

Launch Site: _____ Final Landing Site: _____

Date: _____ Time (am/pm): _____ Date: _____ Time (am/pm): _____

Vehicle: _____ Shuttle Vehicle: _____
(Year/Make/Model/Colour) (Year/Make/Model/Colour)

License #: _____ License #: _____

Proposed Route, Campsites, and Alternates:

CANOEISTS:

Name(s):	_____	_____	_____	_____
Age/Gender:	____/____	____/____	____/____	____/____
Phone:	_____	_____	_____	_____
Canoe Type:	_____	_____	_____	_____
Canoe Colours: (Deck/Hull)	_____	_____	_____	_____
PFD Colours:	_____	_____	_____	_____
Clothing Colours: (Top/Pants)	_____	_____	_____	_____
Paddling Experience: (Beginner, Intermediate, Adanced)	_____	_____	_____	_____
Medical Information:	_____	_____	_____	_____
Emergency Contacts:	_____	_____	_____	_____

GEAR CARRIED ONBOARD:

Signalling Devices:

- Handheld Flares
- Aerial Flares
- Smoke Flares
- Strobe
- Flashlight
- Chemical Light Stick
- Signal Mirror
- EPIRB
- Dye Markers

Communications:

- VHF Radio Call Sign: _____
- Cell Phone Number: (____) _____
- Satellite Phone: (____) _____

Equipment:

- Tent(s) Colours _____
- First-Aid Kit
- Fire-Starting Materials
- Water for _____ days
- Food for _____ days