

# Float Plan

Copies of float plan to:

Trip Coordinator:

Trip Coordinator's Vehicle Make/Model/ License Plate#:

No. of Persons Going on Trip:

**Trip Expectations:**

Put-In Location:

Take-Out Location:

Approximate Route including dates and times:

Latest Expected Return Date/ Time:

Any Known Pre-Existing Medical Concerns of Trip Participants:

Emergency Telephone Numbers:

## GEAR CARRIED ONBOARD: SIGNALING DEVICES

	VHF Radio		Chemical light sticks		Flashlights		Smoke
	Handheld flares		Camera flash		Markers		EPIRB/SPOT
	Aerial flares		Signal mirror		Strobe		

NOTES:



