

FLOAT PLAN

Destination: _____

Launch location: _____

Launch date & time: _____

Return location: _____

Return date & time: _____

Intended route: _____

If we do not report back by date: _____ time: _____ please contact:

Name: _____ Phone: _____

Mobile: _____

Name: _____ Phone: _____

Mobile: _____

Rescue Coordination Centre (Canadian Coast Guard) 1-800-567-5111 or 1-250-363-2333

Trip participants are listed on the following pages.

Complete one column for each participant. Use additional sheets if necessary.

	Paddler	Paddler	Paddler	Paddler
Last name:				
First name:				
Age/gender:				
Kayak skill level:				
Prev. multi-day trips				
EQUIPMENT				
Kayak make+model				
Colour deck/hull:				
BC Driver's license # engraved on combing?				
PFD colour:				
Tent colour:				
CONTACT INFORMATION				
Home phone:				
Mobile (on trip):				
Emerg. contact name:				
Emerg. contact phone:				
VEHICLE INFORMATION				
Vehicle make/yr:				
Registraion #:				
Carpooling with:				
Parked at:				
MEDICAL INFORMATION				
Special medical info/allergies/ medication. (If necessary this can be made known only to the coordinator and one other participant)				
EMERGENCY EQUIPMENT				
VHF radio				
# of flares				
Headlamp/mirror				
First aid kit (type)				
Large tarp / ropes				
Water for (days)				
Food for (days)				
Wet/dry suit?				