

_____ Trip Dates

Float Plan

Destination: _____

Launch Location:

Launch Date & Time:

Return Location:

Return Date & Time:

Intended Route, Campsite(s) & Alternatives:

[illegible]

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 cell *311 or 1-250-363-2333

Trip participants are listed on the following pages

Trip Name: _____

_____ Trip Dates

	Paddler #1	Paddler #2	Paddler #3	Paddler #4
Last name:				
First name				
Age/gender:				
Kayak Skill level:				
Prev. multi-day trips (Y/N)				
EQUIPMENT				
Kayak make/model				
Colour deck/hull				
PDF colour				
Tent colour				
CONTACT INFORMATION				
Home phone:				
Mobile (on trip):				
Emerg. contact name:				
Emerg. contact phone:				
VEHICLE INFORMATION				
Vehicle make/model:				
Licence #:				
Carpooling with:				
Parked at:				
MEDICAL INFORMATION				
Special medical info / allergies / medications				
EMERGENCY EQUIPMENT				
VHF Radio				
Headlamp/mirror (Y/N)				
First aid kit				
Wet/dry suit				
Water (litres)				
Food for (days)				

Trip Name: _____

_____ Trip Dates

	Paddler #5	Paddler #6	Paddler #7	Paddler #8
Last name:				
First name				
Age/gender:				
Kayak Skill level:				
Prev. multi-day trips (Y/N)				
EQUIPMENT				
Kayak make/model				
Colour deck/hull				
PDF colour				
Tent colour				
CONTACT INFORMATION				
Home phone:				
Mobile (on trip):				
Emerg. contact name:				
Emerg. contact phone:				
VEHICLE INFORMATION				
Vehicle make/model:				
Licence #:				
Carpooling with:				
Parked at:				
MEDICAL INFORMATION				
Special medical info / allergies / medications				
EMERGENCY EQUIPMENT				
VHF Radio				
Headlamp/mirror (Y/N)				
First aid kit				
Wet/dry suit				
Water (litres)				
Food for (days)				

Trip Name: _____

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Additional Trip Information: