

Canoe and Kayak Float Plan

Group Leader Information

Name: _____

Address: _____

City: _____

State: _____ Zipcode: _____

Cell Phone Number: _____

Alt. Phone Number: _____

Marine Radio (VHF) Channel: _____

Official Use Only

Return Notification by Visitor

Overdue, Checked for Return by:

Name: _____ Date: _____

Emergency Contact

Contact Name: _____

Contact Phone Number: _____

Departure

Date: _____ Time: _____

Location: _____

Return

Date: _____ Time: _____

Location: _____

Trip Route

Destination and Route: _____

Alternate Route: _____

Boat Descriptions

Please list all boats (use back or attach sheet if needed)

Type (canoe, kayak, etc.)	Brand	Color	Length
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please fill out other important information on back

Vehicle Information

Parking Location: Shell Point Picnic Area Visitor Center Other: _____

License Plate Number:	Model:	Color:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Group Information

Please list the Names and Phone Numbers of all group members:

Additional Information