

Signal mirror

Rescue banner

Dye marker

Strobe light

Smoke

Flashlight/Headlamp

## **FLOAT PLAN**

Make:

Model:

State:

Color:

Parked:

Additional Info:

Licence:

Name of person filing: Phone Number(s):

Complete for each person in your group (use back if necessary):

Name	Number	Experi	ence (B/I/A)	Kayak Color (Hull/	Deck) PFD Co	olor Tent Color	Medical
Checklist of Impor	tant Items:	s: Trip Details (use back if necessary):  Float plan filed with: Phone Number(s):					
·							
Personal Gear:							
Spare Paddle			(-)-				
Wet/Dry Suit Paddling Jacket		<u>Date</u>	Launch	Time	Take Out	Time_	
Spare Clothes							
Extra Food / Wate	er						
Whistle							
Maps/Charts							
Tow/Throw Line Multipurpose Tool		Expected to return (date/time/place):					
Binoculars		Ехроссои	to return (aute	, ame, place).			
Weather Radio		Plan of action if not back by latest expected return date:					
Tide/Current Guid	е	Emergency Contact One: Emergency Contact Two:					
a. I. a							
Signaling Devices: VHF		Contact the local sheriff/coast guard:					
Cell Phone				-			
Flares		\/ \! \ 5					
Cianal minuan		venicle D	escriptions				