

Canoe/Kayak Float Plan

Vessel Information

Identification:

Registration No. _____
Make and Color _____
Length _____ Hull Material _____
Prominent Features _____

Communication:

Cell phone # aboard _____
Marine Radio? Y / N Ch./Freq. Monitored _____
Call Sign _____

Navigation: (check all on board)

___ Map ___ Charts ___ Compass ___ GPS

Propulsion: (check all on board)

___ Paddles (Number and type _____)
___ Sail (Description _____)
___ Trolling Motor (Type _____)

Safety and Survival Equipment Aboard

Check all that you have aboard:

Visual

___ Orange Flag ___ flashlight ___ Orange Smoke ___ Red Flares ___ Signal Mirror

Audible

___ Bell ___ Whistle

Other Gear

___ Life Jackets (# _____) ___ Foul Weather Gear ___ Food and water (for _____ days)
___ EPIRB ___ Anchor and Line (length)

Persons Onboard/ In Party

Name	Address	Age	Gender	Notes (medical conditions, etc)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Vehicle Make and model _____ Vehicle License No. _____

Will be parked at _____ Home Phone _____

List others in your party on back.

Itinerary

Date	Time	Location/Waypoint	Mode of Travel	Reason for Stop	Check-In Time
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Instructions: Complete this plan before you go and leave it with a reliable person who can be depended upon to notify the Coast Guard, or other rescue organization, should you not return or check-in as planned. If you have a change of plans after leaving, be sure to notify the person holding your float plan.