



# Kayaking Float Plan

Date:

Trip Details			
<b>Planned Route &amp; Waypoints</b>			
<b>Departure Location</b>		<b>Arrival Location</b>	
<b>Set off time</b>		<b>Expected Return time</b>	
<b>Vehicle Location</b>		<b>Vehicle Reg.</b>	
<b>Group Devices &amp; Signaling Equipment</b>			
<b>Coastguard Phone</b>		<b>Group Devices &amp; Signaling Equipment</b>	
<b>Anticipated Weather conditions</b>			
Group Lead			
<b>Name</b>		<b>Phone</b>	
<b>Age</b>		<b>Gender</b>	
<b>Address</b>			
<b>Emergency Contact &amp; Phone</b>		<b>Medical Conditions &amp; Medications</b>	
Kayak Details			
<b>Kayak Make &amp; Model</b>		<b>Colour</b>	
<b>Additional Equipment</b>			

**Participant 2**

<b>Name</b>		<b>Phone</b>	
<b>Age</b>		<b>Gender</b>	
<b>Address</b>			
<b>Emergency Contact &amp; Phone</b>		<b>Medical Conditions &amp; Medications</b>	
<b>Kayak Details</b>			
<b>Kayak Make &amp; Model</b>		<b>Colour</b>	
<b>Additional Equipment</b>			

**Participant 3**

<b>Name</b>		<b>Phone</b>	
<b>Age</b>		<b>Gender</b>	
<b>Address</b>			
<b>Emergency Contact &amp; Phone</b>		<b>Medical Conditions &amp; Medications</b>	
<b>Kayak Details</b>			
<b>Kayak Make &amp; Model</b>		<b>Colour</b>	
<b>Additional Equipment</b>			

**Participant 4**

<b>Name</b>		<b>Phone</b>	
<b>Age</b>		<b>Gender</b>	
<b>Address</b>			
<b>Emergency Contact &amp; Phone</b>		<b>Medical Conditions &amp; Medications</b>	
<b>Kayak Details</b>			
<b>Kayak Make &amp; Model</b>		<b>Colour</b>	
<b>Additional Equipment</b>			