

Float Plan

(Please attach Tour and Activity Plan)

District: _____ Unit Type: _____ Unit Number: _____
 Unit Leader: _____ Mobile Phone: _____
 Departure Date: _____ Return Date/Time: _____
 Body of Water: _____

Insertion Point: _____

Extraction Point: _____

Check all options below that apply:

Afloat Activity: Lake River (moving water)
 Boating Craft: Canoe Kayak Raft Power boat
 Rowboat Sailboat Sailboard Inner tube
 Whitewater (any river with rapids)

Participants

| Name | | | Telephone |
|-----------|-------|-------|-----------|
| 1. _____ | Adult | Youth | _____ |
| 2. _____ | Adult | Youth | _____ |
| 3. _____ | Adult | Youth | _____ |
| 4. _____ | Adult | Youth | _____ |
| 5. _____ | Adult | Youth | _____ |
| 6. _____ | Adult | Youth | _____ |
| 7. _____ | Adult | Youth | _____ |
| 8. _____ | Adult | Youth | _____ |
| 9. _____ | Adult | Youth | _____ |
| 10. _____ | Adult | Youth | _____ |
| 11. _____ | Adult | Youth | _____ |
| 12. _____ | Adult | Youth | _____ |
| 13. _____ | Adult | Youth | _____ |
| 14. _____ | Adult | Youth | _____ |
| 15. _____ | Adult | Youth | _____ |