

Kayak Float Plan

Participant Information

Name	Phone #	Experience

Kayak Information

Make	Color	Length

Equipment

# of P.F.D.s _____ PFD Colors _____ # Paddles _____ # Throw bags _____ # Pumps _____ # Paddle Floats _____ # Whistles _____ # / Type - Flares _____ # Radio _____ Spare Batteries _____	# / Color - Tents _____ _____ # / Color – Tarps _____ # Sleeping Bags _____ Stove / Pot _____ Food for _____ Days Water for _____ Days Extra Clothing _____ Wet Suit / Dry Suit _____
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Trip Plan

<p>Start Location _____ Date _____ Time _____ Parking Location _____ Vehicle Type _____ License # _____</p>	<p style="text-align: center;"><u>Camp Locations</u></p> <p>1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 -</p>
<p>Finish Location _____ Date _____ Time _____</p> <p>Call RCMP / Coast Guard if not returned by –</p>	

Additional Route Information

(Attach a copy of your map / chart with your route marked on it)