

Great Lakes Sea Kayaking Association FLOAT PLAN

r we do not return and report i call:				
all: (enter name of emerger please report our party as over				
		ia provide trierri with	Title following informs	ation.
otal number of paddlers in pa	шу			
	Paddler 1	Paddler 2	Paddler 3	Paddler 4
Name				
Age / Gender				
Kayak Colour(deck / hull)				
PFD Colour				
Skill Level				
Medical Info				
Emergency contact				
Vehicle make, colour, licence				
	(For additiona	al paddlers, please use the	he back)	
aunch: Sito:		Date: /	/ Approx time:	
aunch: Site:anding: Site:		Date / Date: /	/ Approx. time.	·
arking location of vehicle(s):		Date:/	/ Approx. time.	
roposed destination(s), route				
roposca aestiriation(s), route	, campones and an			
				_
	(For additional	l information, please use	the back)	
communications: VHF Radio?	Yes No (Call sign:		
Designated	time(s) to monitor:		channel:	
		Number:		
	s No			
ignaling Devices: Whistle: _	Aerial flares:	Handheld flares:	Signal mirror	
Strobes (d		shlight: Chemic		
ther: Tent(s) & colours: First Aid Kit: Fo		Tarp(s) & cold	ours:	
	Make to	wo copies of this for	m.	
Leave one with	i a responsible pers	son to act on; carry s	second in on-deck ch	art case.

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