

# FLOAT PLAN

— TEXASCOASTKAYAKING.COM



IF WE DON'T REPORT IN BY \_\_\_\_\_ TIME \_\_\_\_\_ ON \_\_\_\_\_ DATE \_\_\_\_\_, CALL \_\_\_\_\_ AGENCY/INDIVIDUAL \_\_\_\_\_  
AT \_\_\_\_\_ PHONE \_\_\_\_\_ AND REPORT US AS OVERDUE/MISSING AND PROVIDE THE FOLLOWING INFORMATION:

## TRIP INFORMATION

Launch Date \_\_\_\_\_ Time \_\_\_\_\_  
Expected Duration \_\_\_\_\_  
Launch Site (address or coordinates) \_\_\_\_\_  
Landing Site (address or coordinates) \_\_\_\_\_

## ANTICIPATED WEATHER COND.

Air Temperature \_\_\_\_\_  
Water Temperature \_\_\_\_\_  
Wind \_\_\_\_\_  
Surf \_\_\_\_\_

## SAFETY EQUIPMENT AMONGST CREW

Phone  Strobe  Flashlights  Camera Flash  Sound Signals  Handheld Flares  
 Smoke  EPIRB  Markers  Signal Mirror  Aerial Flares  Chemical light sticks  
 First Aid  Navigation Equipment  Water for \_\_\_\_\_ days  
 Maps  Visual Distress Signals  Food for \_\_\_\_\_ days \_\_\_\_\_ NO. OF PFDS IN GROUP

## CREW MEMBER 1

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Age \_\_\_\_\_ Sex  M  F  
Skill Level  Beginner  Intermediate  Advanced  Expert  
Paddling Clothes (top/pants colors) \_\_\_\_\_  
Description of Kayak (deck/hull colors) \_\_\_\_\_  
Description of Kayak (length) \_\_\_\_\_  
Medical Notes \_\_\_\_\_

## CREW MEMBER 2

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Age \_\_\_\_\_ Sex  M  F  
Skill Level  Beginner  Intermediate  Advanced  Expert  
Paddling Clothes (top/pants colors) \_\_\_\_\_  
Description of Kayak (deck/hull colors) \_\_\_\_\_  
Description of Kayak (length) \_\_\_\_\_  
Medical Notes \_\_\_\_\_

Sketch of route / Notes / Concerns