

Ted's Canoe Tripping Float Plan

CANOE description								
Make	Model	Color						
Type	Solo	Tandem	Fiberglass	Plastic	Kevlar	Royalex	Cedar Strip	

TENT description			
Make	Model	Color	

VEHICLE description Truck or Car			
Make	Model	Color	
Prov/State license #			
Where Parked			

TRIP DETAILS	
Park or Area	
Route	By route, river(s) or lake(s). List in order of Travel.
Put-in	Place: _____ Time and Date: _____
Expected Take-out	Place: _____ Time and Date: _____
LeeWay	Rough travel or bad weather can cause delays. How many days overdue before calling authorities:
Other Pertinent Details	

Emergency Gear	
Cell Phone number	
Satellite Phone	GlobalStar or Iridium Phone number: _____
PLB	NO Yes (registered with which Authority)
Radio	VHF channel 16 VHF 2182 UHF 121.5(Receive only of 2-way) CB
First Aid Kit	Basic or Advanced

INDIVIDUAL DATA	
Each Member to Fill Out	
Name:	
Physical Description	Age: Race: Color of eyes: Height: Weight: Contacts or Glasses: Noticable Scars or Deformaties: Physical Condition:
Existing Medical Conditions:	
Medications:	(include non-perscription)
Allergies:	Epi-Pen Carried: YES NO
First Emergency Contact	Relationship: Day Phone: Evening Phone:
Second Emergency Contact	Relationship: Day Phone: Evening Phone:
Other Pertinent Details	

USEFULL PHONE NUMBERS	
Local Police	
Provincial Police or State Troopers	
Park Service	
SAR	
Expediter	Name: Address: Contact Person: Phone Numbers