Deep Cove Canoe and Kayak Centre

FLOAT PLAN

TRIP LEADER
Name of Leader:_____ Phone:_____

EMERGENCY CONTACT (may be contacted if you are late returning)
Name:_____ Phone:_____

ALTERNATE EMERGENCY CONTACT
Name:_____ Phone:_____

VEHICLE DESCRIPTION
Colour:_____ Model: _____ License #:_____
Parking Location:_____

TRIP DESCRIPTION
Destination Area:_____
Launch Site Location (if other than Deep Cove)_____
Date of Departure from Launch Site:_____ Time:_____
Return to Launch Site Date:_____ Time:_____
Number of Paddlers:_____
Number and Colour of Kayaks Singles:_____
Doubles:_____
Approximate Route Description:_____
_____
_____

EMERGENCY EQUIPMENT (Do You Have…)
Flares ☐ 1st Aid Kit ☐ Towing Capability ☐ Cell Phone ☐ #_____

EMERGENCY AWARENESS
Is anyone in your group qualified to deal with the following emergencies? If yes, please write down their name(s). If not, please write who you would contact and how.
Capsize Emergency:_____
_____
First Aid Emergency:_____
_____

If you have a VHF radio – at what times will you be listening to it?
Date:_____ Time:_____ Channel:_____
Date:_____ Time:_____ Channel:_____
Date:_____ Time:_____ Channel:_____

CHECK THE WEATHER BEFORE HEADING OUT
BE AWARE OF CURRENTS AND TIDES
KNOW THE LIMITATIONS OF YOU AND YOUR GROUP