

** FLOAT PLAN **

This form must be turned in with Tour Plan

Unit Number: _____

District: _____

Unit Leader _____

Telephone _____

Date Departure _____

Date Return _____

Check all that apply:

Afloat Activity- -River-moving water -Ocean

Boating Craft- -Canoe -Kayak -Raft -Power Boat -Rowboat

-Sailboat -Sailboard -Inner Tube

We will ____ Will not _____ be using Council Canoes.

Qualified Leadership (Names and Phone numbers)

_____	_____
_____	_____
_____	_____

Participating Scouts and Adults Names and Phone Numbers

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Type of Equipment being used: Please make a detailed list of all Equipment to be used.

Boats and Paddles

Safety Equipment including PFD'S
