## **FLOAT PLAN**

rip Leader NAME:	
ate of Birth:	
.ddress:	
hone Number:	
	A in which you plan to travel. Include the names of rivers, forest, refuge, grid description of the area:
DATES of TRAVEL:	
NUMBER OF DAYS	scheduled for your outing:

What ant	anticipated CONSIDERATIONS might make you extend your trip?				
METHOD	of travel: (Circle tl	nose that apply.)			
	Automobile	Aircraft	Snowmachine	3-4 Wheeler	
	Powerboat	Sailboat	Riverboat	Canoe/Kayak	
	Rubber Raft	Motorcycle	Bicycle	Track Vehicle	
DESCRI	PTION of vehicle: (	Including, make, co	olor, licence or ID numb	per and amount of fuel)	
Your leve	el of <b>EXPERIENCE</b>	: (Circle one)			
	Little	Moderate	Experienced	Very Experienced	

COMMUNICATIONS equ	uipment: )including radio call si	n)	
SURVIVAL gear: (Amou	nt and type)		
<b>PERSONS</b> in you group:			
Name		<del></del>	
Phone	Age		
Name			
Phone	Age	_	

Name	
Phone	
Name	
Phone	_ Age
Name	
Phone	_ Age
Name	<del></del>
Phone	_ Age
Name	
Phone	_ Age
Nome	
Name	
Phone	_ Age
Name	
Phone_	
1 Hollo	_,,,,,,
Name	
Phone	Age
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When you are done with your trip make sure to tell the person with whom you left this form. *Please destroy the old plan and complete a new form for additional trips.*