



Appendix W1.6 Float Plan



Date of Trip: From: _____ To: _____
Group Name: _____ Section: _____

A. Scouter-in-Charge:

Name: _____
Address: _____ Postal Code: _____
Phone H: _____ W: _____ Fax / E Mail: _____
Canoe Training Taken: _____
Geographical Boundaries Of Trip: _____

B. Home Contact In Case Of Emergency:

Name: _____
Address: _____ Postal Code: _____
Phone H: _____ W: _____

C. Participant Information:

Number Of Participants: Youth: _____ Adult: _____ Total: _____
Number Of Adults With Canoe Training: _____ Non Swimmers: _____

Briefly list training of youth in last 6 months to prepare for this trip:

D. Trip Information:

Route/System: _____

Starting Point: _____ Finishing Point: _____

Repair Kit (Type): _____ Number of Spare Paddles: _____

Number of Days: _____ Nights: _____ away on trip.

Largest body of water on trip: _____ Size in km: _____

Do you intend to run rapids?: Yes _____ No _____ Grade: _____



Appendix W1.6 Float Plan cont'd



E: Canoe Information

Make, Colour, Length in feet

1.	2.	3.
4.	5.	6.
7.	8.	9.
10.	11.	12.

F. Route Map

Please attach detailed topographical map showing exact route and stopover locations

Has the trip leader traveled this route within last 2 years? Yes ___ No ___

Additional Comments

G. Wilderness Trips

How will you get help? _____
Details Of Evacuation Plan _____

Do you have a qualified first aider on this trip? Yes _____ No _____
Name _____ Level _____ Expiry Date _____

H. Group Committee Approval

Date: _____ Group Chair: _____

Please complete this form in triplicate and deliver to:	#1 Group Committee #2 District Commissioner or Designate #3 Home Contact
---	--

Note: Deliver this Float Plan copy to your Group Committee a minimum of two (2) weeks prior to trip.