

FLOAT PLAN

(Copy Must be attached to Tour Permit for afloat activities)

Unit: _____ District: _____
(Type and unit number)

Unit Leader: _____ Telephone: _____

Date Departure: _____ Date
Return: _____

Number of Participants: Youth: _____ Adults: _____

Check all that apply below:

Afloat Activity:

Lake _____ River- moving water _____ River-whitewater* _____ Ocean _____

Boating Craft:

Canoe _____ Kayak _____ Raft _____ Powerboat _____

Rowboat _____ Sailboat _____ Sailboard _____ Inner tube _____

*Whitewater: Any river where there are rapids.

Qualified Supervisors:

Boy Scouts, Varsity Scouts and Venture Scouts: 1 supervisor for every 10 participants, minimum of 2

Cub Scouts: 1 supervisor for every 5 participants, minimum of 2

1: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____

Safety Afloat Card Expiration Date: _____

CPR Expiration Date: _____

Lifeguard Date: _____

Whitewater (if whitewater) Training Date: _____

2: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____

Safety Afloat Card Expiration Date: _____

Lifeguard Date: _____

Whitewater (if whitewater) Training Date: _____

3: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____

Safety Afloat Card Expiration Date: _____

Lifeguard Date: _____

Whitewater (if whitewater) Training Date: _____

4: Name _____ Age _____

Training: Safe Swim Defense Card Expiration Date: _____

Safety Afloat Card Expiration Date: _____

Lifeguard Date: _____

Whitewater (if whitewater) Training Date: _____

Participants

Name: Telephone:

Name: Telephone

- 1. Adult. _____ Youth _____
- 2. Adult. _____ Youth _____
- 3. Adult. _____ Youth _____
- 4. Adult. _____ Youth _____
- 5. Adult. _____ Youth _____
- 6. Adult. _____ Youth _____
- 7. Adult. _____ Youth _____
- 8. Adult. _____ Youth _____
- 9. Adult. _____ Youth _____
- 10. Adult. _____ Youth _____
- 11. Adult. _____ Youth _____
- 12. Adult. _____ Youth _____
- 13. Adult. _____ Youth _____
- 14. Adult. _____ Youth _____
- 15. Adult. _____ Youth _____

(Attach additional sheet for more participants or use backside of last page of this form)

Equipment:

Boats and Paddles:

Safety Equipment Including PFDs:

Other:

Emergency Contact(s):

Name: _____ Telephone: _____

Name: _____ Telephone: _____

Trip Plans:

Travel Route To And From Destination:

Travel Route on Water (include starting location, ending location each day, approximate travel times on water and rest stops along the way):

Contingency Plans for Emergencies (include medical problems, weather, evacuation):