



Float Plan Form – MEC Kayak

Kayak #(s): _____ Truck: n/a Liability Release

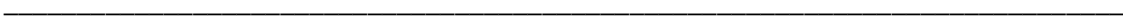
Date: ____ / ____ / ____ Departure Time: _____

Expected Time of Return: _____ Launch Site: _____

Destination: _____ Purpose: _____

Lead Kayak Operator: _____ Cell No.: _____

Name(s) of Personnel in group: _____



Land-based Contact(s): _____

Actual Time of Return: _____ Float Plan Closed

Comments/Vessel Complications: _____

