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: ________________________________________________

Name(s) of Personnel in group: ________________________________________________

Land-based Contact(s): ________________________________

Actual Time of Return: _______________ □ Float Plan Closed

Comments/Vessel Complications: ________________________________________________