

Troop 364

Float Plan

Trip: _____ Date: _____

Plan

Location	Date	Time	Distance	Notes

Emergency Contacts

Name	Primary Phone	Cell Phone	Notes

Equipment

Item	Quantity	Source	Notes
Canoes/Kayaks			
Paddles			
Bailers			
Painters			
PFDs			
Trailers			
Dry Bags			

Troop 364

Float Plan

Adult Leadership

Boat	Adult Name	Phone	Swimmer	Safety Afloat	CPR	Lifeguard
A						
A						
B						
B						
C						
C						
D						
D						
E						
E						
F						
F						

Scouts

Boat	Scout Name	Phone	Swimmer	Safety Afloat	CPR	Lifeguard
1						
1						
2						
2						
3						
3						
4						
4						
5						
5						
6						
6						
7						
7						
8						
8						
9						
9						
10						
10						