



Float Plan Park and Launch

EXPECTED RETURN:

DATE: _____

TIME: _____

RETURNED Staff: _____

Group Name: _____ (for communication)

Today's Date: _____

NAME	AGE	M/F	EXP. Beg. Int. Adv.	BOAT TYPE	BOAT COLOR	PFD COLOR	MEDICAL CONDITION(S) Use back of sheet if necessary.
1.							
2.							
3.							
4.							
5.							
6.							

Car types, year, color, and license plate #: _____

Essential Equipment (check appropriate and indicate quantity of each):

First Aid _____ Spare Paddle _____ Wetsuits _____ Water _____ GPS _____
 Tow Line _____ Dry Bags _____ Dry suits _____ Food _____ VHF Radio _____ (Ch 16)
 Cell Phone#: _____

Emergency Signaling Device(s) and (Qty):

Flares _____ Smoke _____ Strobe _____ Laser _____ Mirror _____ Flashlight _____ Air Horn _____ Other _____

Tents(s) _____ Color(s): _____

Day Trip:

Destination(s)/Route Details: _____

Overnight Trip - Island Destinations and Dates:

Night	Date	Destination	Alternate Destination	Call In time	Contact Made
1					
2					
3					
4					
5					

This trip is a non-guided trip and we assume full liability for our actions and plans. We request that Old Quarry Ocean Adventures, Inc. notify the appropriate authorities if we are more than _____ hours past our stated return time. We understand it is our responsibility to notify Old Quarry Ocean Adventures, Inc. of any changes in this float plan that may affect or listed return time.

Emergency Names and Numbers: _____

Car Shuttle needed? Time and Location: _____

PARKING \$ _____ LAUNCHING \$ _____ SHUTTLE \$ _____ TOTAL \$ _____ PD _____ STAFF _____