



**BOY SCOUTS OF AMERICA**  
LONGS PEAK COUNCIL

# Float Plan

Although Longs Peak Council does not require the submission of a Float Plan, it strongly recommends its use as an important safety and planning tool within the Scouting unit organization whenever an activity takes place on moving water. Current maps including marked put-in and pull-out locations and campsites should be attached to the Float Plan.

**Tour Leader's Name:** \_\_\_\_\_ **Emergency Cell Phone:** \_\_\_\_\_

**Unit contact (not on trip):** \_\_\_\_\_ **Cell phone:** \_\_\_\_\_

If we do not report in by \_\_\_\_\_ AM/PM on \_\_\_\_\_ 20\_\_\_\_

Please notify the emergency person(s) and/or agencies listed below.

**Trip Information:**

Departure Date: \_\_\_\_\_ Estimated Departure Time: \_\_\_\_\_

Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Location of trip (please attach relevant maps with trip locations highlighted):

\_\_\_\_\_

**Description of trip:**

\_\_\_\_\_

\_\_\_\_\_

Location of parked vehicle(s): \_\_\_\_\_

**Emergency Information (Attach additional sheets as necessary):**

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Agency to contact for search and rescue (County Sheriff, Search & Rescue, Forest Service etc.):

County: \_\_\_\_\_ Emergency Agency: \_\_\_\_\_ Phone: \_\_\_\_\_

**Safety Gear Onboard - Check all that apply:**

Personal Flotation Device (Type & #): \_\_\_\_\_ Handheld flares: \_\_\_\_\_ Aerial Flares: \_\_\_\_\_ Strobe: \_\_\_\_\_

Flashlights: \_\_\_\_\_ Light Sticks: \_\_\_\_\_ Signal Mirror: \_\_\_\_\_ Camera Flash: \_\_\_\_\_

VHF Radio (call sign): \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Two Way Radio: \_\_\_\_\_ Whistle: \_\_\_\_\_

Other: \_\_\_\_\_

**Equipment on board:**

First Aid Kit: \_\_\_\_\_ Fire Starting Materials: \_\_\_\_\_ Tent(s): \_\_\_\_\_

Other: \_\_\_\_\_

**Vessel Information (Check all that apply) (Attach Additional sheets as needed):**

Canoe: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_  
Kayak: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_  
Raft: \_\_\_\_\_ Number: \_\_\_\_\_ Color: \_\_\_\_\_

**Rafting/Guide Company Information:**

Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_  
Contact Email: \_\_\_\_\_

**Guide/Crew Information (If using a chartered company or licensed guides):**

List all names and phone numbers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Itinerary (Attach additional sheets as needed):**

Date: \_\_\_\_\_ Location: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Persons on Board (Attach additional sheets as needed):**

Name:	Age:	Gender:	Contact:	Home Phone:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Attach additional information and maps and  
distribute to Unit Contacts and Parents***