



The Longs Peak Council requires the submission of a Float Plan in addition to a Tour Plan when an activity takes place on moving water. Current maps including marked put-in and pull-out locations and campsites must be attached to the Float Plan.

For Council Use Only

Tour Plan ID #: _____

Date Submitted: _____

Date Reviewed: _____

Tour leader _____ 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 ect.):

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):

Name: _____ Phone: _____

Itinerary (Attach additional sheets as needed):

Date: _____ Location: _____

Persons on Board (Attach additional sheets as needed):

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

Please attach additional information and maps as required and distribute to Unit Contacts, Parents, and Council office.