Float Plan

If we do not report in by		AM/PM on,		LAKE TAHOE
Please call 911 or Lak	Tin e Tahoe C	ne oast Guard at (530) 583	Date -4433.	WATER TRAIL
Report us as overdue/mis	sing and pro	vide the following informatio	on:	
☐ KAYAKERS #	and/or 🗆	PADDLEBOARDERS #		
Names Age/Gender Phone				
Kayak/Board colors				
PFD colors Paddling clothes Colors (top/pants)				
Skill level				
Medical info				
GEAR CARRIED ONBOA	ARD:	COMMUNICA	ATIONS	
 □ Handheld flares □ Aerial flares □ Strobe □ Flashlights □ Chemical light sticks □ Camera flash 		□ VHF radio Call sign □ Cell phone Numbers Hours of daily monitoring EQUIPMENT □ Tent(s) Colors □ First-aid kit		_
				_
☐ Signal mirror	Signal mirror		☐ Fire-starting materials Water for days	
☐ Markers				
☐ EPIRB		Food for	days	
LAUNCH SITE:			FINAL LANDING SITE:	
Date		Тіте ам/рм	Date	
VEHICLE:			SHUTTLE VEHICLE (if applicable):	
Year/make/model/color		License number	Year/make/model/color	License number
PROPOSED ROUTE, CAMP	SITES, AND A	ALTERNATIVES:		