

## EXPEDITION FLOAT PLAN

**If we do not check-in by \_\_\_\_\_ AM/PM on \_\_\_\_\_ (DATE), please contact the Sitka Fire Department at 747-3233 and report us overdue.**

NAME OF PARTICIPANTS	Age/Gender	PFD Color	Cell Phone #
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

KAYAK INFORMATION	Capacity	Deck Color	Hull Color
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____

### EMERGENCY GEAR LIST (check all that apply & provide details where indicated)

**Communications:**

- VHF Radio (call sign: \_\_\_\_\_)
- Sat. Phone (number: \_\_\_\_\_)
- SPOT Locator (daily report time: \_\_\_\_\_)
- PLB (owner/ID number: \_\_\_\_\_)

**Signal Devices:**

- Handheld Flares
- Aerial Flares
- Smoke Flares
- Strobe Light
- Camera Flash
- Flash Lights
- Light Sticks
- Signal Mirror
- SOS Markers
- Horn or Whistle

**Other Equipment:**

- Tents (colors: \_\_\_\_\_)
- First Aid Kit ... basic / advanced / both
- Fire Starting Materials                       Firearm
- Food for \_\_\_\_\_ days                       Bear Spray

### INTENDED FLOAT PLAN (include: date – general route/activity – camp location)

1 _____ – _____ – _____
2 _____ – _____ – _____
3 _____ – _____ – _____
4 _____ – _____ – _____
5 _____ – _____ – _____
6 _____ – _____ – _____
7 _____ – _____ – _____
8 _____ – _____ – _____
9 _____ – _____ – _____
10 _____ – _____ – _____

*For expeditions longer than 10-days, continue adding float plan details on back of page.*

Additional personal information is recorded on the PARTICIPANT PRE-TRIP FORM(s) on file with SSOA