FLOAT PLAN

NEW YORK
Susquehanna Basin
Water Trail

PADDLETHE607.COM

Share your completed float plan with any responsible party you trust.

CONTACT INFORMATION:

NAME: _____ Age: _____ Phone: _____

VESSEL Color: _____ Size: _____ Make: _____

Hull ID Number (HIN): _____ Other details: _____

NAME: _____ Age: _____ Phone: _____

VESSEL Color: _____ Size: _____ Make: _____

Hull ID Number (HIN): _____ Other details: _____

NAME: _____ Age: _____ Phone: _____

VESSEL Color: _____ Size: _____ Make: _____

Hull ID Number (HIN): _____ Other details: _____

NAME: _____ Age: _____ Phone: _____

VESSEL Color: _____ Size: _____ Make: _____

Hull ID Number (HIN): _____ Other details: _____

Health concerns or medication information: _____

ITINERARY:

START: location: _____

END: location: _____

Expected route/stop(s): _____

TIMEFRAME: Departure date _____ Time: _____

Expected return date: _____ Time: _____

VEHICLES:

START: Plate number: _____ Color: _____ Make/model: _____

END: Plate number: _____ Color: _____ Make/model: _____

EQUIPMENT: Emergency safety gear you have on board (flares, VHF radio, GPS, etc.).

_____

TRIP PURPOSE: ❍ Fishing ❍ Birding ❍ Visiting landmark/feature: _____

EMERGENCY CONTACT(S):

Name: _____ Phone: _____

Name: _____ Phone: _____