Float and Trip Plan

By Lewis Williams

General Information
Trip (yes / no)_____ Organization Affiliation_____
Course (yes/no)_____ Level and type_____
Dates of Trip/Course_____
General Location_____
in Party_____

Trip Leader Info
Name_____
Phone_____
Address_____City_____
Canoe Training Taken_____
                   Date_____

Assistant Leader Info
Name_____
Phone_____
Address _____City_____
Canoe Training Taken_____
                   Date_____

Trip Contact Person (not on trip)_____
                        Phone_____

Participant Information
participants_____ # youth under 18 yrs._____
trip/course leaders/instructors_____
Participants: # with canoe training_____ # swimmers_____
List of Training of group to prepare for Trip_____
_____

Participant List

	Name	Phone	Address

1_____

2_____

3_____

4_____

5_____

6_____

7_____

8_____

9_____

10_____

11_____

12_____

13_____

14_____

Trip Info

Route

Start_____ **Finish**_____

Campsite/Daily Destinations

1st Night_____

2nd Night_____

3rd Night_____

4th Night _____

5th Night_____

6th Night _____

7th Night _____

8th Night _____

9th Night_____

10th Night_____

Other_____

If Canoe Trip:

Approximate Time of Return: Date_____ Time_____

When to notify Police/MNR if don't return on time?_____

Who to notify? (Police, MNR, Outfitters) name_____ phone_____

Total Distance of Trip_____

Portages_____

Total Length of Portages_____

Degree Difficulty of Trip: Novice_____ Intermediate_____ Expert:_____

Nearest Hospital_____ Phone_____

Nearest Help_____ Phone_____

Route Map- refer to enclosed map
- Has trip leader traveled the route in the past 2 years? Yes____ No_____

Evacuation Points- Indicate the evacuation route for each trip day
Day 1_____

Day 2_____

Day 3_____

Day 4_____

Day 5_____

Day 6_____

Day 7_____

Day 8_____

Day 9_____

Day 10_____

If Canoe Trip:

Canoe Information

	Make	Colour	Length
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Other_____

_____

Tent Information- colour

1_____   2_____

3_____   4_____

5_____   6_____

7_____   8_____

9_____   10_____

Vehicles Driving to Site:

	Make	Year	Colour	Licence Plate
1				
2				
3				
4				
5				
6				

First Aiders on Trip/Course:

1. Name _____

      Qualifications_____ **Year**_____

2. Name_____

      Qualifications_____ **Year**_____

3.Name_____

      Qualifications_____ **Year**_____

4. Name_____

      Qualifications_____ **Year** _____

Confidential**Medical Concerns**

For more details refer to participant medical forms.

1. Name_____

   Details_____

2. Name_____

   Details_____

3. Name_____

   Details_____

4. Name_____

   Details_____

5. Name_____

   Details_____

6. Name_____

   Details_____

7. Name_____

   Details_____

8. Name_____

   Details_____

9. Name_____

   Details_____

10. Name_____

    Details_____