



# FPTA FLOAT PLAN



IDENTIFICATION Type of Paddlecraft	Individual 1	Individual 2	Individual 3	Individual 4
	Name: _____ _____	Name: _____ _____	Name: _____ _____	Name: _____ _____
Sea Kayak	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sit on Top	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stand Up Paddleboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rec Boat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single or Tandem	_____	_____	_____	_____
Length	_____	_____	_____	_____
Color (Hull/Deck)	_____/____	_____/____	_____/____	_____/____
Number of Vessels _____				
<b>COMMUNICATION</b>				
Cell Phone & Number	<input type="checkbox"/> ( ) ___-___	<input type="checkbox"/> ( ) ___-___	<input type="checkbox"/> ( ) ___-___	<input type="checkbox"/> ( ) ___-___
Satellite Phone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Satellite Tracker/SOS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
VHF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>NAVIGATION</b>				
Compass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Charts/Maps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>DISTRESS SIGNALS</b>				
Whistle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flares	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laser Flare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signal Mirror	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Strobe Light	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered EPIRB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered PLB	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>ADDITIONAL GEAR</b>				
Camp Gear	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bilge Pump	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Flashlight/s	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PFD & Color	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____

ITINERARY			
Action	Date/Time	Location/ Waypoint	Reason For Stop
Depart			
Arrive			
Depart			
Arrive			
Depart			
Arrive			
Depart			
Arrive			
Depart			
Arrive			
Depart			
Arrive			
Depart			
Arrive			
Depart			
Arrive			

PADDLERS					
Name/s	Home Phone	Cell Phone	Age	Gender	Medical Issues

SHUTTLE VEHICLES					
Manufacturer/Model	Color	Year	Owner	Tag #	Where Left

EMERGENCY CONTACT INFO			
Paddler Name	Contact Name	Relationship	Contact phone Number