OZARK TRAILS COUNCIL
FLOAT PLAN

(Must be attached to tour permit for all running water floating activities)
(River / Stream / Open Water canoeing not authorized for Cub activities)

Unit: Pack / Troop / Crew / Post / Team (circle one) _____ District: _____

Unit Leader: _____ Telephone: _____

Date of Departure: _____ Date of Return: _____

Number of Participants: Youth: _____ Adults: _____

Check all that apply:	
Afloat Activity	Boating Craft
Lake____ River-whitewater*____	Canoe____ Rowboat___ Raft____ Sailboat_____
Ocean____ River-moving water____	Kayak____ Power Boat___ Inner Tube____ Sailboard_____

Qualified Supervisors:

#1: Name _____ Age: _____

Training:
- Safe Swim Defense Card — Expiration Date: _____
- Safety Afloat Card — Expiration Date: _____
- CPR — Expiration Date: _____
- Whitewater (if applicable) — Training Date: _____

#2: Name _____ Age: _____

Training
- Safe Swim Defense Card — Expiration Date: _____
- Safety Afloat Card — Expiration Date: _____
- CPR — Expiration Date: _____
- Whitewater (if applicable) — Training Date: _____

Emergency Contact:

Name: _____ Phone: _____

Name: _____ Phone: _____

If to be taken to Input point and/or picked up at Output point by a Company

Company Name: _____ Phone: _____

Item to verify	Yes	Item to verify	Yes
Current and accurate maps:		PDF** for each participant:	
Checked local and state rules for the route to be taken:		Parent's permission slip for each participant:	
Weather for activity time frame has been checked:		Float plan filed with committee member:	

Travel Route on Water (starting location, ending location each day):

Participants

	Name	Youth	Adult	Telephone
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* Whitewater – any river with rapids
**PFD – Personal Flotation Device