

Connecticut Lake Watch

PADDLECRAFT FLOAT PLAN

Trip Date: _____ Boating Location: _____

Estimated Departure Time: _____ Estimated Return Time: _____

Vehicle Type(s): _____

License Plate(s): _____

Paddler Name	Age	Phone #	Emergency Contact (Name & Number)	Pertinent Medical Information

Description of Paddlecraft(s) - Type, Model, Color:

Intended Route: _____

Leave a copy of this float plan with a family member or friend who will take action if you do not return. You can also leave a second copy on the dashboard of the vehicle you leave at your launch site.