

FLOAT PLAN - Itinerary

Trek Leader: _____
Unit/District: _____
Put-in Date: _____
Take-out Date: _____

River: _____
Put-in Location: _____ **Take-Out Location:** _____
Estimated CFS: _____ **Maximum Rapid Classification:** _____
Pod Leaders: _____
Medical Leader: _____ **Prescription Drugs:** _____
Noted Medical Conditions: _____

TREK ITINERARY

Day	Origin Point	Destination	Mileage	Paddling Hour	Primary Camp	Secondary Camp	Authorization	Hazards

Unit Location: _____
Sponsoring Organization: _____
Council: _____

FLOAT PLAN - Flotilla Organization

Position	Individual(s)	Swim Classification	Medical Condition	Comments	
ADMIRAL					
MEDICAL					
POD # 1					
Lead Boat					
Boat #1					
Boat #2					
Boat #3					
Sweep Boat					
POD # 2					
Lead Boat					
Boat #1					
Boat #2					
Boat #3					
Sweep Boat					
POD # 3					
Lead Boat					
Boat #1					
Boat #2					
Boat #3					

