

** SAFETY AFLOAT PLAN **

This form must be turned in with Tour Permit

Unit Number: _____

District: _____

We will ___ Will not ___ be using Council Canoes.

Adult Leadership (Names and Phone numbers)

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Participating Scouts:

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Type of Equipment being used: _____

Float Plan (Put "in", pull "out", What course will be followed, travel time, camp spots): _____

Names of Qualified Persons(Quilified Supervisor – See current Safety Afloat Requirements)

Name: _____ Telephone #: _____ E-Mail: _____

Qualified as: _____ Certificate Expiration Date: _____

Name of Person Who is CPR Certified: _____

Safety Afloat and Safe Swim Defense Training: Names: _____

_____ Dates Trained: _____

In Town Emergency Contact: (1) _____ Telephone #: _____

(2) _____ Telephone #: _____