## **Samoset Council Float Plan** (Must be attached to tour permit for afloat activities)

Unit & Number:	Unit	Leader:	
Phone and Email: _			
Date Departure:	Date	e Return:	
Check all that appl	ly below:		
Afloat Activity:	☐ Lake ☐ River (mov	xe ☐ River (moving water)	
Boating Craft:	□ Canoe □ Kayak	□ Raft □ Powerboat □ Rowboat □ Sailboat	
		supervisor for every 10 participants, minimum of 2. water activities.	
#1: Name		Age	
Training:	Safe Swim Defense Card	Expiration Date:	
	Safety Afloat Card	Expiration Date:	
	CPR	Expiration Date:	
	Whitewater (if whitewater)	Training Date:	
#2: Name		Age	
Training:	Safe Swim Defense Card	Expiration Date:	
	Safety Afloat Card	Expiration Date:	
	CPR	Expiration Date:	
	Whitewater (if whitewater)	Training Date:	
#3: Name		_Age	
Training:	Safe Swim Defense Card	Expiration Date:	
	Safety Afloat Card	Expiration Date:	
	CPR	Expiration Date:	
	Whitewater (if whitewater)	Training Date:	
#4: Name		Age	
Training:	Safe Swim Defense Card	Expiration Date:	
	Safety Afloat Card	Expiration Date:	
	CPR Whitewater (if whitewater)	Expiration Date:	
	Whitewater (if whitewater)	Training Date:	
Participants Name	<u>s:</u>		
1			
2			
3			
4			
5		□Adult □Vouth	

6		□Youth
7		□Youth
8		□Youth
9		□Youth
10	□Adult	□Youth
11		□Youth
(Attach additional sheets for more	e participants)	
Type of Equipment being us	ed:	
Float Plan (Put "in", Pull "o	ut", What course will be followe	d, travel time, camp spots
<b>Emergency Contact(s):</b>		
Name:	Telephone _	
Name:	Telephone	

<sup>\*</sup>See the BSA Guide to Safe Scouting for rules, regulations, and recommendations for Aquatics Safety.