FLOAT PLAN

Fill out this plan and leave with a person you can depend on to notify authorities in the event you do not return as scheduled.

Location where trip originated_____

Departure date and time_____

Intended plan_____

Arrival destination_____

Arriving date and time_____

Location of parked vehicle_____

Vehicle description_____

Emergency numbers

My cell phone number_____Phone with me: yes_____no_____

Emergency contact name and number_____

Name and cell phone number of people on this trip:

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