



BOY SCOUTS OF AMERICA
Old Hickory Council

Float Plan

Although Old Hickory Council does not require the submission of a Float Plan, it strongly recommends its use as an important safety and planning tool within the Scouting unit organization whenever an activity takes place on moving water. Current maps including marked put-in and pull-out locations and campsites should be attached to the Float Plan.

Tour Leader's Name: _____ **Emergency Cell Phone:** _____

Unit contact (not on trip): _____ **Cell phone:** _____

If we do not report in by _____ AM/PM on _____ 20____

Please notify the emergency person(s) and/or agencies listed below.

Trip Information:

Departure Date: _____ Estimated Departure Time: _____

Return Date: _____ Return Time: _____

Location of trip (please attach relevant maps with trip locations highlighted):

Description of trip:

Location of parked vehicle(s): _____

Emergency Information (Attach additional sheets as necessary):

Contact Name: _____ Home Phone: _____ Cell Phone: _____

Contact Name: _____ Home Phone: _____ Cell Phone: _____

Agency to contact for search and rescue (County Sheriff, Search & Rescue, Forest Service etc.):

County: _____ Emergency Agency: _____ Phone: _____

Safety Gear Onboard - Check all that apply:

Personal Flotation Device (Type & #): _____ Handheld flares: _____ Aerial Flares: _____ Strobe: _____

Flashlights: _____ Light Sticks: _____ Signal Mirror: _____ Camera Flash: _____

VHF Radio (call sign): _____ Cell Phone: _____ Two Way Radio: _____ Whistle: _____

Other: _____

Equipment on board:

First Aid Kit: _____ Fire Starting Materials: _____ Tent(s): _____

Other: _____

Rafting/Guide Company Information (if any):

Company Name: _____
Contact Name: _____
Contact Phone Number: _____
Contact Email: _____

Guide/Crew Information (If using a chartered company or licensed guides):

List all names and phone numbers:

Itinerary (Attach additional sheets as needed):

Date: Location:

Persons on Board (Attach additional sheets as needed):

Name: Age: Gender: Contact: Home Phone:

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

***Attach additional information and maps and
distribute to Unit Contacts and Parents***