

SOUTH SHORE BLUEWAY FLOAT PLAN

Name _____

Cell phone _____

Age: _____ Skill Level: ___beginner ___intermediate ___expert

Kayak color _____ PDF color _____

Launch site _____ Departure date/time _____

Intended Route/Return Time _____

Location of parked vehicle _____

Vehicle: (make/model/color) _____

Emergency Contact _____

Emergency Contact Number _____

Paddling Group Information _____

No. of people on this trip _____