

SAFE BOATING TRAVEL PLAN

NAMES OF TRAVELLERS & EMERGENCY CONTACTS

Traveller's Name: _____

Emergency Contact Name	Additional Travellers
Emergency Contact Number	1. _____
Emergency Contact Email	2. _____
Additional contact information	3. _____
	4. _____

BOAT FEATURES

Kayak
 Canoe
 Motor boat
 Sailboat
 Boat Size _____
 Boat Colour _____

Additional Boat Information: _____

TRIP INFORMATION

Departure Location	Departure Date	Arrival Location	Arrival Date
Route Plan			

MAP (sketch a map of your route)

CHECKLIST

<input type="checkbox"/> FLOATER SUIT/LIFE JACKET	<input type="checkbox"/> NAVIGATION LIGHTS	<input type="checkbox"/> TENT	<input type="checkbox"/> STOVE AND FUEL
<input type="checkbox"/> 15M ROPE	<input type="checkbox"/> RADAR REFLECTORS	<input type="checkbox"/> CB RADIO	<input type="checkbox"/> SUNSCREEN
<input type="checkbox"/> LIFE BUOY	<input type="checkbox"/> TOOL KITS AND SPARE PARTS	<input type="checkbox"/> SATELLITE PHONE	<input type="checkbox"/> KNIVES
<input type="checkbox"/> BAILERS AND MANUAL WATER PUMPS	<input type="checkbox"/> FIRST AID KIT	<input type="checkbox"/> GPS	<input type="checkbox"/> BOAT PLUGS
<input type="checkbox"/> REBOUNDING DEVICE	<input type="checkbox"/> EXTRA FOOD	<input type="checkbox"/> MAPS/CHARTS	<input type="checkbox"/> OARS/PADDLES
<input type="checkbox"/> ANCHOR	<input type="checkbox"/> RIFLE	<input type="checkbox"/> TEA POT	<input type="checkbox"/> BUG REPELLENT
<input type="checkbox"/> PORTABLE FIRE EXTINGUISHER	<input type="checkbox"/> AMMUNITION	<input type="checkbox"/> EXTRA GAS	<input type="checkbox"/> BEAR SPRAY
<input type="checkbox"/> WATERTIGHT FLASHLIGHTS	<input type="checkbox"/> WARM CLOTHING	<input type="checkbox"/> JERRY CAN	<input type="checkbox"/> WATER
<input type="checkbox"/> SOUND-SIGNALING DEVICES	<input type="checkbox"/> SLEEPING GEAR	<input type="checkbox"/> AXE	<input type="checkbox"/> Did you check the weather?

