



# Connecticut Lake Watch

## PADDLECRAFT FLOAT PLAN

Trip Date: \_\_\_\_\_ Boating Location: \_\_\_\_\_

Estimated Departure Time: \_\_\_\_\_ Estimated Return Time: \_\_\_\_\_

Vehicle Type(s): \_\_\_\_\_

License Plate(s): \_\_\_\_\_

Paddler Name	Age	Phone #	Emergency Contact (Name & Number)	Pertinent Medical Information

Description of Paddlecraft(s) - Type, Model, Color:

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Intended Route: \_\_\_\_\_

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Leave a copy of this float plan with a family member or friend who will take action if you do not return. You can also leave a second copy on the dashboard of the vehicle you leave at your launch site.