

# Suwannee River Wilderness Trail Float Plan



Complete this form before your departure and leave it with a person who you can depend on to call for help in case you do not return as scheduled. If you are delayed, and it is not an emergency, inform those with your travel plan in order to avoid an unnecessary search operation.

## **EMERGENCY NUMBERS:**

**DIAL:** 911

**DIAL:** 1-888-404-3922 or \*FWC on your cell phone

**DIAL:** 1-800-868-9914 Suwannee River Wilderness Trail Office

**Person(s) Traveling:** Total Number of People in Group \_\_\_\_\_

Primary Contact or Group Leader: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Additional Traveler #1 \_\_\_\_\_ Adult \_\_\_ Child \_\_\_ M/F: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Additional Traveler #2 \_\_\_\_\_ Adult \_\_\_ Child \_\_\_ M/F: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Additional Traveler #3 \_\_\_\_\_ Adult \_\_\_ Child \_\_\_ M/F: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Additional Traveler #4 \_\_\_\_\_ Adult \_\_\_ Child \_\_\_ M/F: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

Additional Traveler #5 \_\_\_\_\_ Adult \_\_\_ Child \_\_\_ M/F: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Number: \_\_\_\_\_

## **Vessel(s):**

Total Number of Canoes or Kayaks: \_\_\_\_\_

Description of Vessels:

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## **Vehicle(s):**

Total Number of Vehicles Parked \_\_\_\_\_

Vehicle #1 Location: \_\_\_\_\_ Make/Model/Color \_\_\_\_\_

Vehicle #2 Location: \_\_\_\_\_ Make/Model/Color \_\_\_\_\_

Vehicle #3 Location: \_\_\_\_\_ Make/Model/Color \_\_\_\_\_

## **Itinerary:**

Departure Location: \_\_\_\_\_ Departure Date: \_\_\_\_\_

Overnight Location #1: \_\_\_\_\_ Date: \_\_\_\_\_

Overnight Location #2: \_\_\_\_\_ Date: \_\_\_\_\_

Overnight Location #3: \_\_\_\_\_ Date: \_\_\_\_\_

Overnight Location #4: \_\_\_\_\_ Date: \_\_\_\_\_

Overnight Location #5: \_\_\_\_\_ Date: \_\_\_\_\_

Overnight Location #6: \_\_\_\_\_ Date: \_\_\_\_\_

Overnight Location #7: \_\_\_\_\_ Date: \_\_\_\_\_

Final Destination: \_\_\_\_\_ Date: \_\_\_\_\_

Expected Arrival Time at Final Destination: \_\_\_\_\_

## **Additional Information:**

Add any additional information below such as additional paddlers or boats, etc.