

# Safety Afloat Plan

(This form is to be turned in with your Tour Permit)

Unit Number: \_\_\_\_\_ Unit Type (Pack, Troop, Team, Crew) District: \_\_\_\_\_  
(circle)

Adult Leadership (Names and Phone Numbers)

\_\_\_\_\_  
\_\_\_\_\_

Participating Scouts:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Type of equipment used: \_\_\_\_\_

\_\_\_\_\_

Float Plan (Put in, pull out. What course will be followed, travel time, camping spots): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Qualified Persons (Qualified Supervisor – See current Safety Afloat requirements)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_ Email: \_\_\_\_\_

Qualified as: \_\_\_\_\_ Certificate Exp Date: \_\_\_\_\_

Who is CPR Certified: \_\_\_\_\_ CPR Exp Date: \_\_\_\_\_

Safety Afloat and Safe Swim Defense Training:

Name: \_\_\_\_\_ Certification Exp Date: \_\_\_\_\_

**In Town Emergency Contact (1)** \_\_\_\_\_ **Phone#** \_\_\_\_\_

**(2)** \_\_\_\_\_ **Phone#** \_\_\_\_\_