



**LITTLE ROCK AIR FORCE BASE
OUTDOOR RECREATION**

BOAT FLOAT PLAN

LAST NAME, FIRST NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

TOTAL NUMBER OF PEOPLE IN PARTY: _____

NAMES OF PARTY:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

EMERGENCY CONTACT (NAME, PHONE, EMAIL) (CAN NOT BE IN PARTY ABOVE):

VEHICLE MAKE: _____

VEHICLE MODEL: _____

TAG NUMBER: _____

LAUNCH SITES: _____

Any changes to the float plan must be communicated to the Emergency Contact: Initial _____