

Trails Club Kayak Trip Planning Worksheet

Section 1: Information for the Bulletin & Web

Fill in the requested information below, then email the shaded information, in the format below, to **blazer@trailsclub.org**. This format should match that needed for both the bulletin and the web. All fields are required except those prefixed with *. Delete either or both of the two non-required fields if you do not need them. Do not include the meeting place and time in the trip notice. This will allow you to screen interested parties when they contact you for further information.

Days/Dates: _____
Trip name / Destination: _____
Rating: _____ See **Trails Club Kayaking Trip Rating System** to translate this rating into conditions expected / skills needed / endurance. See the **Trails Club Kayaking Guidelines for Participants** for guidelines & equipment.
Max # of participants: _____
***Trails Club members only?** Y (include this ONLY if applicable)
Description: As much space as needed
***Additional skills / equipment:** Optional; see below (include this ONLY if applicable)
Leader: Name, phone, email address

Trip Rating (see **Trails Club Kayak Trip Rating System**) **CIRCLE** one of each:
Conditions / Skills: 1 2 3 4 5 **Endurance:** A B C D

Required Skills or Equipment (IN ADDITION TO general requirements):

<u>Equipment:</u>	<u>Clothing:</u>	<u>Skills:</u>
___ Flashlight	___ Rain gear	___ Wet Exit
___ Pump/bailer	___ Cold Water (specify type below):	___ Surfing
___ Sprayskirt	_____	___ Eskimo roll
Other (specify): _____		

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Section 2: Additional Plan Information

Leaders/Sweeps (1 leader:12 participants fresh water, 1:6 salt). **Specify roles of each:**

Leader: _____ Phone: _____ 1st Aid Current? Y/N CPR? Y/N
 Name: _____ Phone: _____ 1st Aid Current? Y/N CPR? Y/N
 Name: _____ Phone: _____ 1st Aid Current? Y/N CPR? Y/N
 Name: _____ Phone: _____ 1st Aid Current? Y/N CPR? Y/N
 1st Aid/CPR Person (if other than leaders): Name: _____ Phone: _____
 Has leader been on this paddle before? Y/N Has leader led a trip here before? Y/N

Expected Conditions: (Subject to modification based on weather forecast within 72 hrs of paddle).

Air temp: Hi: _____ Lo: _____ High Tide: Height: _____ Time: _____
 Water temp: _____ Low Tide: Height: _____ Time: _____
 Wind Speed: _____ Wind Direction: _____
 Special Conditions: _____

<input type="checkbox"/> Late afternoon winds	<input type="checkbox"/> Shipping traffic
<input type="checkbox"/> Fog	<input type="checkbox"/> Strong currents, rips or tides
<input type="checkbox"/> High waves or surf	<input type="checkbox"/> Early darkness
<input type="checkbox"/> Rocks and shoals	<input type="checkbox"/> Areas with restricted access
<input type="checkbox"/> Extended crossings (>1mi)	<input type="checkbox"/> Crossing Distance: _____
<input type="checkbox"/> Other considerations: _____	

Route:

Meeting Time: _____ AM / PM Meeting Location: _____
Do not include above information in trip notice; have participants contact so they can be screened)
 Put-in (starting) point: _____
 Takeout (ending) point: _____
 Paddling distance (miles): _____ Expected # of Hours on water: _____
 Likely lunch or stopping spots: _____
 Estimated take-out time: _____ AM / PM
 Route alternatives if bad weather: _____

