

Canoe/Kayak Camping Checklist

Trip Location: _____

Date: _____

Basic Paddling Gear

T	P	
<input type="checkbox"/>	<input type="checkbox"/>	Canoe/Kayak
<input type="checkbox"/>	<input type="checkbox"/>	Compass
<input type="checkbox"/>	<input type="checkbox"/>	Paddle (1 Per Paddler)
<input type="checkbox"/>	<input type="checkbox"/>	Headlamp or Flashlight
<input type="checkbox"/>	<input type="checkbox"/>	PFD (1 Per Person)
<input type="checkbox"/>	<input type="checkbox"/>	Matches/Fire starter in waterproof container
<input type="checkbox"/>	<input type="checkbox"/>	Food
<input type="checkbox"/>	<input type="checkbox"/>	Sunglasses and Sunscreen
<input type="checkbox"/>	<input type="checkbox"/>	Drinking Water
<input type="checkbox"/>	<input type="checkbox"/>	Pump
<input type="checkbox"/>	<input type="checkbox"/>	Sponge
<input type="checkbox"/>	<input type="checkbox"/>	Float Plan let with responsible person
<input type="checkbox"/>	<input type="checkbox"/>	Weather Radio
<input type="checkbox"/>	<input type="checkbox"/>	First-aid Kit
<input type="checkbox"/>	<input type="checkbox"/>	Signaling Devices (Whistle, Mirror, Flares)
<input type="checkbox"/>	<input type="checkbox"/>	Pocket Knife
<input type="checkbox"/>	<input type="checkbox"/>	Emergency Throw line
<input type="checkbox"/>	<input type="checkbox"/>	Map/Charts in Waterproof Case

Extras

T	P	
<input type="checkbox"/>	<input type="checkbox"/>	Binoculars
<input type="checkbox"/>	<input type="checkbox"/>	Field Guide
<input type="checkbox"/>	<input type="checkbox"/>	Camera and Film
<input type="checkbox"/>	<input type="checkbox"/>	Notebook and Pencil
<input type="checkbox"/>	<input type="checkbox"/>	Watch/Alarm Clock
<input type="checkbox"/>	<input type="checkbox"/>	Sewing Kit
<input type="checkbox"/>	<input type="checkbox"/>	Axe/Saw
<input type="checkbox"/>	<input type="checkbox"/>	Money
<input type="checkbox"/>	<input type="checkbox"/>	Photo ID
<input type="checkbox"/>	<input type="checkbox"/>	Camping Permit
<input type="checkbox"/>	<input type="checkbox"/>	Fishing License
<input type="checkbox"/>	<input type="checkbox"/>	Reading Glasses

Additional Paddling Gear

T	P	
<input type="checkbox"/>	<input type="checkbox"/>	Extra Paddle
<input type="checkbox"/>	<input type="checkbox"/>	Tie-down Line
<input type="checkbox"/>	<input type="checkbox"/>	Chair/Seat Pad
<input type="checkbox"/>	<input type="checkbox"/>	Repair Kit (Duck Tape)
<input type="checkbox"/>	<input type="checkbox"/>	Float Bag
<input type="checkbox"/>	<input type="checkbox"/>	Painter
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Clothing

T	P	
<input type="checkbox"/>	<input type="checkbox"/>	Quick-Drying Pants/Shorts
<input type="checkbox"/>	<input type="checkbox"/>	Rain Gear
<input type="checkbox"/>	<input type="checkbox"/>	Swimsuit, Quick-Drying
<input type="checkbox"/>	<input type="checkbox"/>	Paddling Spray
<input type="checkbox"/>	<input type="checkbox"/>	Sun/Rain Hat
<input type="checkbox"/>	<input type="checkbox"/>	Long-Sleeve Shirt
<input type="checkbox"/>	<input type="checkbox"/>	Bandanna
<input type="checkbox"/>	<input type="checkbox"/>	T-Shirt
<input type="checkbox"/>	<input type="checkbox"/>	Hat
<input type="checkbox"/>	<input type="checkbox"/>	Jacket
<input type="checkbox"/>	<input type="checkbox"/>	Pants
<input type="checkbox"/>	<input type="checkbox"/>	Wicking Long Underwear
<input type="checkbox"/>	<input type="checkbox"/>	Fleece Cap
<input type="checkbox"/>	<input type="checkbox"/>	Fleece Pants
<input type="checkbox"/>	<input type="checkbox"/>	Fleece Sweater
<input type="checkbox"/>	<input type="checkbox"/>	Pogies
<input type="checkbox"/>	<input type="checkbox"/>	Gloves
<input type="checkbox"/>	<input type="checkbox"/>	Wetsuit Top
<input type="checkbox"/>	<input type="checkbox"/>	Farmer John
<input type="checkbox"/>	<input type="checkbox"/>	Neoprene Shorts
<input type="checkbox"/>	<input type="checkbox"/>	Dry Pants
<input type="checkbox"/>	<input type="checkbox"/>	Wool or Synthetic Socks
<input type="checkbox"/>	<input type="checkbox"/>	Hiking Boots
<input type="checkbox"/>	<input type="checkbox"/>	Tennis Shoes
<input type="checkbox"/>	<input type="checkbox"/>	Sock Liner
<input type="checkbox"/>	<input type="checkbox"/>	Mukluks
<input type="checkbox"/>	<input type="checkbox"/>	Paddle Shoes
<input type="checkbox"/>	<input type="checkbox"/>	Sport Sandals
<input type="checkbox"/>	<input type="checkbox"/>	Shorts
<input type="checkbox"/>	<input type="checkbox"/>	Underwear

Camping Gear

T	P	
<input type="checkbox"/>	<input type="checkbox"/>	Tent
<input type="checkbox"/>	<input type="checkbox"/>	Tarp
<input type="checkbox"/>	<input type="checkbox"/>	Rain fly
<input type="checkbox"/>	<input type="checkbox"/>	Ground Cloth
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Bag
<input type="checkbox"/>	<input type="checkbox"/>	Compression Bag
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Pad
<input type="checkbox"/>	<input type="checkbox"/>	Sleeping Pad Chair Kit
<input type="checkbox"/>	<input type="checkbox"/>	Extra Nylon Stuff Sack
<input type="checkbox"/>	<input type="checkbox"/>	Food (See Meal Planner Below)
<input type="checkbox"/>	<input type="checkbox"/>	Stove and Fuel
<input type="checkbox"/>	<input type="checkbox"/>	Funnel
<input type="checkbox"/>	<input type="checkbox"/>	Collapsible Water Container
<input type="checkbox"/>	<input type="checkbox"/>	Bottled Water
<input type="checkbox"/>	<input type="checkbox"/>	Oven
<input type="checkbox"/>	<input type="checkbox"/>	Knife, Spoon, Fork
<input type="checkbox"/>	<input type="checkbox"/>	Tea Kettle
<input type="checkbox"/>	<input type="checkbox"/>	Large Measuring Spoon

<input type="checkbox"/>	<input type="checkbox"/>	Plates
<input type="checkbox"/>	<input type="checkbox"/>	Coffee Press
<input type="checkbox"/>	<input type="checkbox"/>	Spatula
<input type="checkbox"/>	<input type="checkbox"/>	Cook Set
<input type="checkbox"/>	<input type="checkbox"/>	Pot Grabber
<input type="checkbox"/>	<input type="checkbox"/>	Matches/Lighter

Personal Items

T	P	
<input type="checkbox"/>	<input type="checkbox"/>	Toilet Paper
<input type="checkbox"/>	<input type="checkbox"/>	Lip Balm
<input type="checkbox"/>	<input type="checkbox"/>	Toothbrush and Toothpaste
<input type="checkbox"/>	<input type="checkbox"/>	Small Bath Towel
<input type="checkbox"/>	<input type="checkbox"/>	Brush/Comb
<input type="checkbox"/>	<input type="checkbox"/>	Soap

Other Items

T	P	
<input type="checkbox"/>	<input type="checkbox"/>	Pot Scrubber/Dish Towel
<input type="checkbox"/>	<input type="checkbox"/>	Plastic Garbage Bags
<input type="checkbox"/>	<input type="checkbox"/>	Insect Repellent
<input type="checkbox"/>	<input type="checkbox"/>	Water Bottles
<input type="checkbox"/>	<input type="checkbox"/>	Water Filter/Purifier
<input type="checkbox"/>	<input type="checkbox"/>	Water Purification Tablets

Meals

D1	B	_____
	L	_____
	D	_____
D2	B	_____
	L	_____
	D	_____
D3	B	_____
	L	_____
	G	_____
D4	B	_____
	L	_____
	D	_____
D5	B	_____
	L	_____
	D	_____
D6	B	_____
	L	_____
	D	_____
D7	B	_____
	L	_____
	D	_____

Notes: