

CARD NO: | DAY: | DATE: | GROUP/UNIT:- (SEE OVER FOR DETAILS) | NO. IN GROUP AND STANDARD

DEPARTURE POINT:		GRID REF:		START TIME:		PURPOSE:			MAP NO'S	
------------------	--	-----------	--	-------------	--	----------	--	--	----------	--

Stage	Destination	Grid Ref	Mag Brg	Dist K's	Height Gain	Time Allowd	ETA	ETD	Route Description	Escape Route
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

MODE OF TRAVEL:			TOTALS		CAMPSITE INFO:				
-----------------	--	--	--------	--	----------------	--	--	--	--

SUPERVISOR'S NAME:			EMERGENCY CONTACT PROCEDURE: (TEL. No's, vehicle details etc)							
--------------------	--	--	---	--	--	--	--	--	--	--

ROUTE PLANNING: 1. TIME ALLOWED PER KILOMETRE (USUALLY 20 MINS)  
 2. TIME ALLOWED FOR EACH 10m OF HEIGHT GAINED (USUALLY 1 MIN PER CONTOUR)  
 3. TIME ALLOWED EACH HOUR FOR REST/ADJUSTMENTS (USUALLY 10 MINS)

THIS SECTION IS TO BE COMPLETED ON THE FIRST ROUTE CARD FOR EACH EXPEDITION/EXPLORATION

TITLE, ADDRESS AND TEL. NO OF ORGANISING GROUP/UNIT:

NAME OF GROUP/UNIT LEADER:	ADDRESS:	TEL. NO:	WORK NO:
NAME OF SUPERVISOR:	ADDRESS:	TEL. NO:	WORK NO:

MODE OF TRAVEL:	AWARD LEVEL:	BRIEF DETAILS OF ROUTE:
-----------------	--------------	-------------------------

DETAILS OF EXPEDITION GROUP: NAMES	M/F	AGE	NOTES: (MEDICAL INFO, HOME CONTACT NO'S ETC)

DECLARATION BY UNIT LEADER: *I confirm that the above named persons have successfully completed appropriate training and practices for this venture*

SIGNED ..... NAME (BLOCK LETTERS) ..... DATE .....