

ROUTE CARD

Name of Group

Wells Place (Eastleigh) O.A.C.

Address of Group

Names of group Members

1. _____ 5. _____

2. _____ 6. _____

3. _____ 7. _____

4. _____

Date

Day of Venture

Magnetic Variation

Walking speed Km/Hr

Tel: _____

Place with G.R

Start:

Direction of Bearing

Distance in Km

Height climbed (m)

Time allowed for leg

Time for stops / meals

Total time for leg

Estimated time of arrival

Setting out time:

Details of route to be followed

Escape route

To:

To:

To:

To:

To:

To:

Totals:

Supervisors Name, Address, Telephone number, Mobile number

Mary-Anne Jeffs 07887990279

Simon Jeffs 07799415499

