Route Plan

Take a copy with you AND leave a copy with a responsible person

Date:	Day …… of ……	Map(s) Used:
Objective:		Magnetic Variation:

Place or Grid Ref	Meagnetic bearing	Distance (km)	Hieght Gained	Description of route	Est, Time for leg	Total time
Start						
To						
To						
To						
To						
To						
To						
To						
To						
To						
To						
To						
To						
To						

Estimated time for journey:	:
Start time:	:
Finish time (of this page):	:
Dark at:	:

Contact Info Sheet!

You need 3 copyies of this sheet! One for your group, one for a leader and one for another leader just incase!

Name's of Group Members	Age	Mobile Num	Medical Problems	Home Contact No