

Group Members

Name	Sex M/F	Age at start of venture	If Under Assessment	Emergency Home Telephone Number	Previous Awards	Practice Journeys - Dates / Areas
1.						
2.						
3.						
4.						
5.						
6.						
7.						

Route (attach photocopy map marked to show route, starts, finishes, campsites, times etc – include alternate routes)

Start	Route (Simple and in Words	Finish (if Camp)	Travel Distance	Travel Time
Day 1				
Day 2				
Day 3				
Day 4				