

## **EXPEDITION ROUTE CARD (use one per day)**



<b>A</b> • · · ·														
	·												Name of DofE Group: BARNES ESU	
Day of the week:		Date:	Day numb (1 <sup>st</sup> , 2 <sup>nd</sup> etc	oer: c.)	Names of team members:							Address: c/o 20 Linen Way, E Northallerton DL6 2	ompton,	
Leg	PLACE WITH	GRID REF	General direction or	Distance in m	Height climbed in m	Time allowed for journeying	Time allowed for	Total time for leg	Estimated Time of Arrival	Sett	ing out time:	Tel No: 01609 781226 Email: ccm@northallerton-scouts.org.uk		
	START		bearing			,,,,,,,,,,,,	exploring, rests or meals			Brie activ	f details of route to be vity.	followed or planned	Ilowed or planned Escape/Notes	
1														
2														
3														
4														
5														
6														
7														
8														
	Totals:								Supervisor's name, location and Tel No:					