



## VISITOR WALK RECORD

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone      Mobile \_\_\_\_\_      Home \_\_\_\_\_

Email \_\_\_\_\_

Do you have a current First Aid Certificate   Y / N      Date of Issue \_\_\_\_\_

**MEDICAL CONDITIONS** - Do you have any medical conditions, physical disabilities and/or allergies that the Walk Leader should be aware of and do you carry any medication?

\_\_\_\_\_  
\_\_\_\_\_

Description of Walk \_\_\_\_\_

\_\_\_\_\_

Grading (Easy/Medium/Hard) \_\_\_\_\_

**VISITOR** comments re the walk and how you coped with the walk, the Club and any suggestions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**WALK LEADER** comments: \_\_\_\_\_

\_\_\_\_\_

**WALK LEADER NAME**

\_\_\_\_\_