

CANOEING/SAILING/CLIMBING/MOUNTAINEERING/WALKING/WINDSURFING AND OTHER ADVENTUROUS ACTIVITIES

Name of Visit:
CLSG Teacher in Charge:
Date:
Position:

Name of centre:
Address:
Date of assessment:

Activity	Yes	No	Details of instructors, National Governing Body qualifications	Details of Centre Licence Numbers
<i>Will the party take part in canoeing?</i>				
Will the party take part in sailing?				
Will the party take part in climbing?				
Will the party take part in mountaineering?				
Will the party take part in walking?				
Will the party be taking part in any other adventurous activity? Give details				