

# SUNSHINE COAST BUSHWALKERS INC.

## VISITOR WALK RECORD

Name .....

Address .....

Phone Home ..... Mobile .....

Email .....

Date of Walk .....

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?

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Description of Walk .....

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Grading (Easy/Medium/Hard) .....

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

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**WALK LEADER** comments .....

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