FLINTSHIRE u3a RISK ASSESSMENT: WALKING GROUP : Please note this must be retained by the Leader(s) throughout the walk.

NAME OF GROUP: **NAME OF COORDINATOR(S)**

DATE OF WALK: **DESTINATION/GRID REF:**

LENGTH OF WALK

TOTAL NO. OF MEMBERS:

No. Of Members	M'ship Number	NAME	MOBILE NUMBER	IN CASE OF EMERGENCY: TELEPHONE NUMBER / Next of Kin
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				

No. Of Members	M'ship Number	NAME	MOBILE NUMBER	IN CASE OF EMERGENCY: TELEPHONE NUMBER
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				

30				
31				

No. Of Members	M'ship Number	NAME	MOBILE NUMBER	IN CASE OF EMERGENCY: TELEPHONE NUMBER
32				
33				
34				
35				
36				
37				
38				
39				
40				
41				
42				

43				
44				
45				
46				
47				
48				

No. Of Members	M'ship Number	NAME	MOBILE NUMBER	IN CASE OF EMERGENCY: TELEPHONE NUMBER
49				
50				
51				
52				
53				
54				
55				

56				
57				
58				
59				
60				
61				
62				
63				
64				
65				