

WALK DIRECTIONS REVIEW FORM

EVENT NAME _____ STAMP # YR _____

SPONSORING CLUB _____

ROUTE DISTANCE REVIEWED: 10/11/12 km () 5/6 km () Other ____ km ()

WALK DIRECTIONS SOURCE: PSB () OSB ()

VOLUNTEER REVIEWER CONTACT INFORMATION

Name of Volunteer(s) _____

Email Address _____

Telephone Number _____

Date of Review _____

DIRECTIONS TO START LOCATION

Source(s) _____

Evaluation: Excellent () Very Good () Good () Fair ()

Clarification Needed: _____

Other Comments: _____

HEADING INFORMATION

Name for Event: Yes () No ()

Event Stamp #: Yes () No ()

Distance(s): Yes () No ()

Trail Rating(s): Yes () No ()

Club Name: Yes () No ()

Copyright: Yes () No ()

POC Name & Phone #: Yes () No ()

Emergency Phone # or Info: Yes () No ()

Registration Statement:** Yes () No ()

(This map and directions may only be used in conjunction with a signed American Volkssport Association athletic waiver. All other uses are prohibited) ** on each page

BODY OF THE DIRECTIONS

Two Column Format: Yes () No ()

Concise – Fits on one sheet of paper: Yes () No ()

Each Direction Step is progressively Numbered: Yes () No ()

Turn Directions are capitalized: Yes () No (); Bolded: Yes () No ()

Turn Directions are accurate (indicate correct full turns, slant turns, etc.): Yes () No ()

Comment: _____

Each step is concise & describes a single directive: Yes () Most () Needs Work ()

Comment: _____

Street name changes are noted: Yes () No () N/A ()

Landmarks used only when necessary: Yes () No () N/A ()

Comment: _____

Points of Interest described in Directions: No () Minimal () Yes ()

Thanks to participants included (Optional): Yes () No ()Recognition of Start Point Host included (Optional): Yes () No ()**MAP STANDARDS**

Source of Map: Software () City Street or Trail Map () Hand Drawn ()
Adequacy of Size: Excellent () Very Good () Good () Fair () Poor ()
Direction of North Shown: Yes () No ()
Sufficient Streets Named: Excellent () Very Good () Good () Fair () Poor ()
Scale of Map: Accurate () Good () Needs Work ()
Start/Finish Clearly Shown: Yes () No ()
Arrows Clearly Show Route Direction: Yes () No ()
Indicates Restrooms & Drinking Water along Route: Yes () No ()
Map lines are dark enough to make good copies: Yes () No ()

OPTIONAL POINTS OF INTEREST SHEET

Are Points of Interest described on separate sheet? Yes () No ()

Comment: _____

Additional comments to point out positive elements of event & those needing some work.

When this form is completed please save to your desktop then e-mail the saved form to Todd Oberlander at todd@opevolkssport.org or send via postal mail to Todd Oberlander at PO Box 1079, Port Hadlock, WA 98339. For information, please contact Todd Oberlander at 360-620-0810.