

Suffolk County Scout Council

Registered Charity number 305682



County Mountain Activities Team

Event Leader – Dave Ward
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Training & Assessment Weekend for Leaders at Bowerstone Cottage, Borrowdale, Keswick, The Lake District, CA12 5XA. Saturday March 2rd to Sunday 3th 2013 travelling Friday evening 1st .

This event is an opportunity to gain experience and practice mountain leadership skills and techniques for the advanced or inexperienced hillwalker/mountaineer. Wild camping is available on Saturday night.

The aim of this weekend is allow leaders to practice/learn skills without the complications of looking after a group. The weekend is for over 18's only and will be tailor made to suit individual requirements and training needs. We will cover night navigation, micro navigation, rope work and party management. There will also be the opportunity to be assessed for an Activity Permit if required- you must wild camp for this assessment.

The cost for this excellent opportunity is £20.00 this includes accommodation and food. If you are wild camping you will need to provide your own tent, stove and lightweight meal for Saturday night and breakfast for Sun am. A hot meal will be available when we return to the hut on Sunday lunchtime before returning home. If you are staying at the hut provide your own food . We are staying at the Northumbrian Mountaineering Club hut, Bowerstone Cottage, Borrowdale, Keswick, The Lake District, CA12 5XA Grid ref. NY. 255164. You will need to make your own arrangements for transport. There is a limit of 16 places for this event so reply ASAP with form and payment to Dave Ward. All payments by cheque please to, 'Suffolk County climbing team'. In touch details to be advised in due course .

For any questions / queries or if you require assessment - please contact Dave Ward as above or Neil Bolger (07850 464111) .

Training & Assessment Weekend in The Lake District – March 2rd- 3th 2013 Bowerstone Cottage, Borrowdale, Keswick, Cumbria , CA12 5XA

Name: _____ Group/Unit: _____

Address: _____ Date of birth: _____

Telephone no: _____ email: _____

Mobile no: _____

Any special dietary requirements/allergies: _____

Any medication being taken: _____ Date of last Tetanus: _____

Doctors name & telephone no: _____

Home contact details while you are on the Event:

(please include a name, landline number & if different to above address in addition to mobile details)