

Rev: 8/20

EVERGREEN STATE VOLKSSPORT ASSOCIATION
WASHINGTON YRE/SEASONAL DIRECTIONS REVIEW FORM

EVENT NAME _____ STAMP # YR _____

SPONSORING CLUB _____

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

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 ()

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

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

Registration Statement: Yes () No () Slightly Different but Good ()

(These directions may be used only by persons duly registered for this AVA/IVV sanctioned event.)

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 ()