**HOJA DE RUTA**

**Nº**

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 **EMPRESA PLAZAS NOMBRE PLAZAS**

 **TRANSPORTE PREVISTAS CONDUCTOR/A REALES**

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 **FECHA DEPORTE Nº MATRICULA ORGANIZACIÓN GENERAL**

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| **RESPONSABLE DE LA ACTIVIDAD: TFNO**   |

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| **OK**  |  | **HORA** |  | **ACCIÓN** |  | **PUNTOS DE RECOGIDA** |  | **EQUIPO / CONTACTO** |  | **PAX** |

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|  |  |  |  |  |  | **HORA APROXIMADA DE FINALIZACION**  |  |  |  |  |
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**Vº Bº COORDINADOR/A DE LA ACTIVIDAD**

**IMPORTANTE**

En caso de NO ENCONTRAR PASAJEROS/AS en las paradas o de SOBREPASARSE LA HORA ESTIMADA DE FINALIZACIÓN, contactar con el/la COORDINADOR/A.

Para el uso del Transporte será obligatoria la presencia de un responsable MAYOR DE EDAD por equipo o usuario/a individual.

**INCIDENCIAS:**