



TRAIL MAINTAINER REPORT

Dear Trail Maintainer:

The Trail Conference **requires** that maintainers submit this completed form to their Conference Supervisor twice annually. Reports are due by June 30th for work done December through June and by November 30th for work done July through November. *Your timely completion of this report is vital to our maintenance program.* Thank you and thank you for all your volunteer efforts.

Please complete and return to your Supervisor by JUNE 30 (Spring Report) or NOVEMBER 30 (Fall Report).

To complete this form on your computer, first enter the trail name. Press the **TAB** key to move among fields and enter the appropriate volunteer trail work information into the tables below. When you are finished, click the disk icon in Acrobat to save the file on your disk. You can either email this file to your Supervisor or print the form and mail it to him/her.

Spring	Fall	Year	Trail Name
(Select One)			
From			To

Name of Maintainer: Individual and/or Club					
Street Address			City	State	Zip
Phone Day	Ext.	Phone Evening	Phone Cell	E-Mail Address	
Individuals: please indicate in what year you first volunteered with the Trail Conference in any capacity					

- * **Work hours** = Number of all workers x work time on the trail.
- ** **Admin. hours** = Number of all workers x administrative time (any off trail, non travel work such as filling out this form, going to a trail related meeting, etc.).
- *** **Travel hours** = Number of all workers x travel time from house to trail assignment (driving and walking).

Date	Work done: <i>Dg'lr geHteOGzco rfgulpenf g'nspection, blazing, clipping, removing bags of trash, destroying fire rings, scouting trips, trail layout and design, assisting w/workshops, consultation and meetings. Use additional report forms if necessary.</i>	No. of workers	Work hours *	Admin hours **	Travel hours ***
Totals					

Please enter the total number of different workers who volunteered, including yourself	
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Please go to second page

If you have chosen to maintain blazes for a co-aligned trail and made additional visits to your trails for blazing, please report your hours below
 (For example: Highlands Trail, Long Path, Appalachian Trail, etc...)

Date	Co-aligned Trail Names	No. workers	Blazing hours	Travel hours

Current Trail Problems: Overgrowth, erosion, wet areas, litter, downed trees, damaged signs and any other problem. Please be as descriptive as possible. For example, report the location of each downed tree as precisely as possible, its approximate size, and whether it is on the trail, across the trail or leaning. If help is needed with any problem area, please describe. Help is available, but only if you ask for it.

List names of those in work parties **OTHER THAN DESIGNATED MAINTAINER(S)**
 (Include addresses & phone numbers of **new or occasional** workers and non-members)

Name		Street Address			
City	State	Zip	Phone	E-Mail Address	
Name		Street Address			
City	State	Zip	Phone	E-Mail Address	
Name		Street Address			
City	State	Zip	Phone	E-Mail Address	
Name		Street Address			
City	State	Zip	Phone	E-Mail Address	
Name		Street Address			
City	State	Zip	Phone	E-Mail Address	
Name		Street Address			
City	State	Zip	Phone	E-Mail Address	

Return this form to your Trail Conference Supervisor