



TRAIL MAINTENANCE REPORT — Maintainer SUMMARY

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.

Please complete and return to you supervisor by : JUNE 30 (Spring Report) or NOVEMBER 30 (Fall Report).

To complete this form on your computer, first use the mouse to click either Spring or Fall. Then 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 file, *Save AS*, and rename the file with your name. You can either email this form to your supervisor or print the form and mail it.

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 workers x work time.**

** **Travel hours =Number of workers x travel time from house to trail assignment and return (driving and walking).**

Date	Work done: Inspection, blazing, clipping, scouting trips, trail layout and design, assisting w/workshops, consultation and meetings (specify) (Use additional report forms if necessary)	No. workers	Work hours*	Admin hours	Travel hours**
Totals					

Please indicate the total number of <i>different</i> volunteers, including yourself, who worked on your section of trail. Please do not count any one person more than once.	
---	--

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, other.

Is help needed with any problem area? If so, describe:

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	

Return this form to your Trail Conference Supervisor

Revised: September 24, 2008

Thank you for your volunteer trail caring efforts!!!!