

AMC SEM Post-Hike Trip Report

TRIP DATE:

TRIP LOCATION:

MEETING TIME:

NUMBER OF PARTICIPANTS (INCLUDING LEADERS):

TOTAL HIKING TIME (IN HOURS):

LENGTH IN MILES:

TOTAL ELEVATION GAIN (IN FEET):

DIFFICULTY: (A=very strenuous; B=strenuous; C=average; D=easy)

LEADER NAME(S):

CO-LEADER NAME(S):

TRAILHEAD PARKING LOCATION & DESCRIPTION:

CAR SPOTTING REQUIRED?: TIME REQUIRED TO SPOT CARS:

WAS TRIP WITHIN WHITE MOUNTAIN NATIONAL FOREST?

BRIEFLY DESCRIBE SPECIFIC TRAILS HIKED AND TRAIL CONDITIONS ENCOUNTERED:

WEATHER CONDITIONS FOR HIKE:

OTHER COMMENTS (problems, views, terrain, etc.)

IMPORTANT: Contact Hike Committee Chair ASAP with any medical emergencies or other serious incidents.