GREEN MOUNTAIN CLUB TRAIL MAINTENANCE REPORT

(Return to Green Mountain Club, 4711 Waterbury-Stowe Road, Waterbury Center, VT 05677)

Date of Visit:			Spring, summer, and fall visits recommended.)
Trail Assigni	MENT:		
Name of trail a	adopter(s)/voluntee	r(s)/section:	
Phone: Email:			
HOURS:	Travel: hrs./person (Include driving and hiking time.) Field Work: hrs./person Number of people:		
	FIELD WORK:	HRS./PERSON	NUMBER OF PEOPLE:
WORK COMP	LETED DURING THIS	Visit:	
Signs:			
Trailhead register: Intact Missing Needs repair/replacement			
Trailhead signs: Intact Missing Needs repair/replacement			
Directional signs: ☐ Intact ☐ Missing ☐ Needs repair/replacement			
Bulletin Board/Kiosk/Birdhouse: 🗌 Intact 🗎 Missing 🗎 Needs repair/replacement			
ACTION ITEMS:			
What still needs to be done?			
How urgent?			
Do you need l		□ No	
· ·	•		
Additional Comments: (Please list names of additional volunteers here.)			
		R	MO

Entered:

Date Recieved: _____