## Long Trail End-To-End Application

	Date Application Submitted:
First Name:	
Last Name:	
Trail Name:	
Address:	
City:	State: Zip:
E-Mail:	
Evening Phone:	Day Phone:
Age ( at hike finish) (opt.):	
GMC Member: Y N At large	: Section (Which?):
Gender ( opt.) Female Male	
Name(s) of hiking partners:	
Hike Start Date:	Hike Finish Date:
Did you hike the Long Trail as a thru	hike or section hike?
May we quote from your summary f	or our publications or website? YN
Please contact me for permission ab	out specific quotes
Is this your first Long Trail End-to-E	nd Hike? Y N
How many previous End-to-End hike	es have you certified with the GMC?
What is (are) the certificate number	(s) of those hikes
How many previous end-to-end hike	es have you not certified with the GMC?
	t so that future End-to-End hikers may contact experienced End-to- to be a mentor? Y N
Would you like to present a slide sho	ow about your hike to groups? Y N
Did you encounter organized groups your hike? Which sites?	s (camps, schools, scouts, outfitter guides, etc.) at overnight sites on

What were your experiences camping with these groups?

Please consider making a donation to the Green Mountain Club in honor of your Long Trail hike! Yes, I have included a donation for the Long Trail and the Green Mountain Club in the amount of \_\_\_\_\_