

## Long Trail End-To-End Application

		Da	te Application Submitted:
First Name:			
Last Name:			
Trail Name:			<u></u>
Address:			
City:	_ State:	Zip:	
E-Mail:			
Phone:			
GMC Member? Y N At Larg	ge: Section	(Which?):	
Age (at hike finish):			
Gender:			
Name(s) of hiking partners:			
Hike Start Date:	_ Hike Finish	Date:	
Did you hike the Long Trail as a thru	hike?	or sect	ion hike?
May we quote from your summary fo	r our publication	ons or website?	YN
Is this your first Long Trail End-to-En	nd Hike? Y	N	
Would you be interested in presenting Y N	g your end-to-e	nd experience	as part of a GMC workshop?
Did you encounter organized groups (hike? Which sites?	camps, school	s, scouts, outfit	ter guides, etc.) at overnight sites on your
What were your experiences camping	with these gro	oups?	

What was your most memorable experience while hiking the Long Trail?
What was your favorite stretch on the Long Trail?
What does hains a Lang Trail and to and an magneta year?
Vhat does being a Long Trail end-to-ender mean to you?
Please consider making a donation to the Green Mountain Club in honor of your Long Trail hike!