

AMC Boston Chapter
LOCAL WALKS/HIKES COMMITTEE
TRIP REPORT

Instructions: (1) Save this file with a distinctive name (such as namedate.pdf), (2) **open in Acrobat**, (3) fill in the boxes, (4) save the file again, then submit as an email attachment (or print and mail) as directed below.

Trip (name, town)		Date of Trip	
Leader :name		Telephone	
address			
Co-Leader			

Start and end time of activity			
Total in party		# non-AMC members	

If trip cancelled, reason why:

Complete only applicable items

1. Specific trail, route or area used

2. Source of permission, if needed.

3. Evaluation of trip (please note any special circumstances, events or features of activity)

Please include a separate sheet with detailed account of any accident, injury or other emergency.

Please mail all Volunteer Release Agreements within 7 days of trip to: Robert Winters
 366 Broadway
 Cambridge, MA 02139

Please mail the completed form to Robert Winters at the above address or (preferably) email the completed form to Robert@rwinters.com. The waiver forms may also be submitted via email.