

Trails Club of Oregon – Trip Report

Please return completed Trip report and log with a check for the fees collected to:
TCO, PO Box 67095, Portland, OR 97268.

If possible, email a write-up to blazer@trailsclub.org for the Trails Trodden section of the newsletter.

| | | |
|--------------------------------|----------------------------------|---------------------------------------|
| Trip Name: _____ | | Trip Date: _____ |
| Leader: _____ | Activity Miles: _____ | Rating Level: _____ |
| Weather: _____ | Activity Time: _____ | Elevation: _____ |
| # of Members: _____ | # of Guests: _____ | Total # of Participants: _____ |
| Meeting Location: _____ | Total Miles Driven: _____ | Total Driving Time: _____ |

For the record and to help in future planning, describe the trip in detail below, particularly the less well known trips.

Driving route (highway numbers, distances, towns, route to the trailhead):

Trip details (route description, maps used, trail condition, water supply, views, flowers, geology, special features, unusual incidents, etc.):

Do you recommend repeating the trip? Y or N **If yes, at what time of the year?** _____

Do you have suggestions for variations or improvements?

| IN CASE OF AN ACCIDENT, COMPLETE THIS SECTION: <i>(notify the Trips Trustee and TCO President asap)</i> | |
|--|--|
| Name of injured person: | |
| Address & Phone #: | |
| Type of injury: | |
| Treatment given: | |
| Where taken (hospital) | |