## **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 <u>blazer@trailsclub.org</u> 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:
_	in future planning, describe the trip in detail be mbers, distances, towns, route to the trailhead)	-
Trip details (route descript unusual incidents, etc.):	ion, maps used, trail condition, water supply, v	iews, flowers, geology, special features,
Do you recommend repeati	ing the trip? Y or N If yes, at wha	at time of the year?
IN CASE OF AN ACCURE	NE COMPLETE BUIC SECTION ( 27 4	T. T. ( 1700 P. 11 ( )
	NT, COMPLETE THIS SECTION: (notify the	Trips Trustee and ICO President asap)
Name of injured person:		
Address & Phone #:		
Type of injury:		
Treatment given:		
Where token (hospital)		