

**AMC Boston Chapter
LOCAL WALKS/HIKES COMMITTEE
TRIP REPORT**

Thank you for serving as a trip leader. AMC and our members count on skilled volunteers to lead the way. Please be sure to email this completed form to AMC for our records.

Instructions: (1) Save this file with a distinctive name (such as namedate.pdf) (2) fill in the boxes (3) save the file again, then submit as an email attachment.

Trip (name, town) **Date of trip**

Leader: Name **Telephone**

Address

Co-Leader

Start and end times

Total in party **If non-AMC members**

If trip cancelled, reason why:

1. Specific trail, route or area used. If you know the number of miles, please include

2. Source of permission, if needed.

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

Please email this completed form within 7 days of activity to Elizabeth (Betty) Bailey-Masullo: bettybe@me.com. Report any accident, injury, or other emergency to AMC headquarter as soon as possible, and include a separate sheet with detailed account of the incident/s.