

CTVA TRAIL WORK LOG

Volunteer Names:

Date: _____

Start Time: _____

Stop Time: _____

Miles Driven to Trail: _____

Miles Driven on Trail: _____

Trail #/Name:

Work Performed:

Equipment Used:

Total Hours Worked (number of volunteers times hours each, include trail travel time):

Please turn in completed form at the next meeting (4th Tuesday at 7 p.m. at the American Legion)

or mail to CTVA, P.O. Box 5295, Helena, MT 59604 **or email to** ctva_action@g.com

THANK YOU!

We are a locally supported association whose purpose is to preserve trails for all recreationists through responsible environmental protection and education.