

OUTDOOR TRIP RECORD & PARTICIPANT LIST

Date: (yy/mm/dd) 20____ / ____ / ____

Level: _____

TYPE OF TRIP (Check) HIKE [] HIKE incl Mtn CLIMBING [] BIKE [] XC SKI [] SNOWSHOE []

Trip Destination: Locality _____ Trail _____

Trip Leader: IF DESTINATION CHANGED from triplist, call CSA office (403) 678-2457 & leave a message before departing.

Distance [_____ Km] Elevation Gain [_____ m] Max. Elev [_____ m] Total Trip Duration [_____ hr] Max Group [_____ #]

Departure Time [_____] Gas Contribution [\$ _____] MET @ Usual [] Other _____ Specify

Leader(s) _____ Phone Number (_____) _____ - _____

NOTES _____

	Name	CSA #	Phone or Other Contact
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