



Champlain Area Trails Trail Adopter Monthly Report

Name: _____

Address: _____

Telephone: _____ Email: _____

Trail Name: _____

Number of Times on Trail: _____ Hours Spent on Trail: _____

Tasks Performed:

____ Put Up/Replaced Trail Markers

____ Picked Up Litter

____ Cut Back Branches

____ Cut Grass/Vegetation

____ Removed Branches/Logs from Trail

____ Other: _____

Problems, Infrastructure Needs (Bridge/Boardwalk/Signs), etc. _____

Other: _____
