

White Mountain National Forest

Summary of Use

Name of AMC Chapter: New Hampshire

Trip Leader Name(s):

Contact Number or Email Address:

Please complete the chart below indicating your use of the White Mountain National Forest. Please return within 2 weeks of completing your trip. **Please be specific when listing the location, list all trails and/or shelters used.** We track use on the Forest by the type and the trails and/or shelters used so it is important to be specific.

Specified Activity is Checked

summer hiking mtn biking rock climbing boating fishing hunting mountaineering
 winter hiking x-c skiing snowshoeing snowmobiling alpine skiing ice climbing
 dog sledding avalanche course or training other_____

*The # of people refers to the number of participants (do not include trip leaders). Number of Days includes 1/2 days.

Date(s) of Trip	Location(s)	# People	# Days	Total Service Days (# people X # days)

Please Return To: USFS - Androscoggin Ranger District
 Sarah LaPlante
 300 Glen Road
 Gorham, NH 03581

or Email form information to: slaplante@fs.fed.us and to annegwynne@comcast.net