White Mountain National Forest
Summary of Use

Name of AMC Chapter: ______________________________________________________

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.

**Please circle the type of use for your trip:**

- 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.

<table>
<thead>
<tr>
<th>Date(s) of Trip</th>
<th>Location(s) (List the specific trail &amp;/or shelter used)</th>
<th># People</th>
<th># Days</th>
<th>Total Service Days (# people X # days)</th>
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Please Return To:  White Mountain National Forest Headquarters
AMC Permit Administrator
71 White Mountain Drive
Campton, NH 03223

or Email form information to:  jburnett@fs.fed.us