

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.

Date(s) of Trip	Location(s) (List the specific trail &/or shelter used)	# People	# Days	Total Service Days (# people X # days)

**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