



BETA - BICYCLE EQUESTRIAN TRAIL ASSISTANCE

DAILY FIELD LOG

Date: _____

Start Time: _____ Time Out: _____ Total Time: _____

Personnel (Indicate if guest is volunteer)

1. _____
2. _____
3. _____

Starting Location: _____

OBSERVATIONS:

Trailhead _____ Nbr of Vehicles _____ Trailers _____

Hikers: _____ Bikes: _____ Equestrians: _____ Other: _____

Trail Sector: _____

Hikers: _____ Bikes: _____ Equestrians: _____ Other: _____

Trail Sector: _____

Hikers: _____ Bikes: _____ Equestrians: _____ Other: _____

Trail Sector: _____

Hikers: _____ Bikes: _____ Equestrians: _____ Other: _____

Trail Sector: _____

Hikers: _____ Bikes: _____ Equestrians: _____ Other: _____

Trail Sector: _____

Incident Report: Time: _____ Location: _____

Description: _____