

# 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 camping locations 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 (or underline) the type of use(s) for your trip:**

spring/summer hiking mtn biking rock climbing boating fishing hunting mountaineering  
fall/winter hiking x-c skiing snowshoeing snowmobiling alpine skiing ice climbing  
dog sledding avalanche course or training other \_\_\_\_\_

*Please note:*

**# People:** Fill in the number of participants - **do not count trip leaders** (you specified those above).

**# Days:** Any half-days count as full days.

*\*Document the year somewhere on this form.*

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

Please e-mail this form to  
[jennifer.burnett2@usda.gov](mailto:jennifer.burnett2@usda.gov)

Alternatively, you can mail the form itself to ➔

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