

## 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:    USFS – Supervisors Office  
                                  Marianne Leberman  
                                  719 N. Main Street  
                                  Laconia, NH 03246

or Email form information to: [mleberman@fs.fed.us](mailto:mleberman@fs.fed.us)