Florida Trail Association, Inc.

**Post Activity Report**

*(submit completed ORIGINAL, not a copy)*

# Date(s) of Activity: Type of Activity/Rating: Location:

Activity Leader Phone: Co-Leader Phone: Number of Participants (attach Risk Assumption form):

Summary of Activity:

*Include trail conditions, weather encountered, total mileage, etc. Use back of form or attachments if additional* space is required.

*Describe any extraordinary events or conditions encountered, such as extreme weather, lost hikers, or other* emergencies or unexpected situations. Include names of involved persons (if applicable), action taken, and by whom. For injuries, give person’s name, type of injury, and any treatment administered.

# Activity Leader

Signature Date:

FTA/PAR Rev. 5/96