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: ____________________________