



**Hike Leader:** Record the name(s) below of anyone who refused to sign in, and have someone witness your signature.

---

---

---

Hike Leader: \_\_\_\_\_

Witness: \_\_\_\_\_

**(Outing Leader, please fill in and submit report below)**  
**REPORT OF TRAIL CONDITIONS:**

Where did you start and finish?

How was the condition of the trail?

Do we need to send in further work parties?

Any other comments (i.e. blazes, signage, re-routes, etc.)?

**REPORT OF "INCIDENTS" THAT HAPPENED OR CAME CLOSE  
TO HAPPENING (to VTA Coordinating Council for discussion):**

**Please send this to VTA, PO Box 20040, 150 Churchill Blvd., Sault Ste. Marie, ON P6A 6W3. Thank you.**  
**(REMEMBER:** Draws will be made at the end of each year for free memberships for those who lead outings and those who serve on trail maintenance parties, but we can only enter names if this sheet is handed in.)