

Name: _____
 Unit: _____
 Agency Contact: _____

Wilderness Rider Report Form

Send to Stacy Kuhns 42405 Indian Hill trail Aguanga Ca 92536
stacykuhns@aol.com (909) 633-1705

Date/Year: _____
 ___ Field Work
 ___ Educational Workshop

Project Information				Work Hours				Community Service				Miles		Equipment		Stock Use		Donations		
Other V	Activity	Agency	District	Basic	Skilled	Trail	Recon/	Educ.	# of	Public	Admin	Travel	Vehicle	Stock	Power	Heavy	Stock	Stock	Money	
	Date	Code		Work	Work	Miles	Trail W	LNT	Contact	Mts.	Service	Time	Miles	Hauling	Equip	Equip	Used	Days	Amount	
Total																				

- A.** USFS **C.** State Parks & Hwys **E.** Education **G.** Other **M.** BLM **O.** US COE **T.** Timber, Private
B. State **D.** National Parks **F.** Dept. Fish & Wildlife **L.** LNT **N.** US Fish & Wildlife **R.** Rendezvous **W.** County

Gentle Use/LNT Principles ___ Plan Ahead and Prepare ___ Properly Dispose of Waste ___ Leave What You Find
 ___ Travel & Camp on Durable Surfaces ___ Minimize Campfire Impacts ___ Respect Other Visitors
 ___ Respect Wildlife

General Description of Event:

Notes: such as the audience acceptance of message, your performance, improvements for next time, etc.
