



# The Colorado Trail Foundation

710 10<sup>th</sup> Street, Rm. 210, Golden, CO 80401

303-384-3729

ctf@ColoradoTrail.org

## ADOPT-A-TRAIL REPORT

### Dear Adopter:

The CTF requires that Adopters submit this completed form at least once a year; preferably after each time you perform work on the trail. All reports are due no later than September 30<sup>th</sup>. *Your timely completion of this report is vital to our maintenance program.*

This information is needed to plan and execute future volunteer labors; to compile accurate reporting to the US Forest Service; and for grant applications and insurance purposes. Thank you and thank you for all your volunteer efforts and dedication to the CT.

**Please complete and return to the CTF office by SEPTEMBER 30.**

To complete this form on your computer, first enter the name of the Adopter. Press the TAB key to move among fields and enter the appropriate information into the tables below. When finished; click the "Submit by Email" button and follow the instructions as prompted in the pop-up window; *or* click the "Print Form" button and mail hard copy to the CTF office. **"Reset Form" cannot be undone.**

<b>Name of Adopter: Individual and/or Club:</b>	
Adopter Section #:	
E-mail Address or Phone Number:	
Dates Worked:	

List volunteer info for work party. (Include contact info only for *new or occasional* volunteers) Use additional report forms if necessary.

<b>Name</b>		<b>Hrs. Worked</b>		<b>Liability Waiver</b> <input type="radio"/> YES <input type="radio"/> NO	
Street Address					
City	State	Zip	Phone	E-Mail Address	
<b>Name</b>		<b>Hrs. Worked</b>		<b>Liability Waiver</b> <input type="radio"/> YES <input type="radio"/> NO	
Street Address					
City	State	Zip	Phone	E-Mail Address	
<b>Name</b>		<b>Hrs. Worked</b>		<b>Liability Waiver</b> <input type="radio"/> YES <input type="radio"/> NO	
Street Address					
City	State	Zip	Phone	E-Mail Address	
<b>Name</b>		<b>Hrs. Worked</b>		<b>Liability Waiver</b> <input type="radio"/> YES <input type="radio"/> NO	
Street Address					
City	State	Zip	Phone	E-Mail Address	
<b>Name</b>		<b>Hrs. Worked</b>		<b>Liability Waiver</b> <input type="radio"/> YES <input type="radio"/> NO	
Street Address					
City	State	Zip	Phone	E-Mail Address	

