| TRIP: | LEADER NAME & CONTACT INFO: | DATE OF TRIP: |
|---------------------------|------------------------------------|----------------------|
| | | |
| | | |
| MEETING & CARPOOL INFO: | TRAILHEAD INFO: | GAS REIMBURSMENT: |
| CART GOL INI G. | | KENVIDORSVIEWI. |
| | DIRECTIONS TO TRAILHEAD: | |
| | | |
| | | |
| | | EVELOTED DIGUE |
| HIKE INFO: | SUMMARY: | EXPECTED RISKS: |
| Trip Difficulty Rating: | | |
| | | |
| Miles: Elevation gain: | TIMING: | EQUIPMENT TO |
| Elevation gain. | | BRING: |
| Class level: | | |
| Class reven | TOTAL DRIVE TIME & TRAILHEAD PREP: | |
| | | |
| | | |
| | HIKE PLAN: | |
| | | |
| | | |
| | | |
| | TURNAROUND TIMES: | |
| | | |
| | | |
| <u>MAP</u> : | EMERGENCY CONTACT INFO: | WEATHER: |
| | Closest Hospitals: | |
| | CMC Emergency Number: 269-384-1056 | |
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