

White Mountain National Forest Summary of Use

Name of AMC Chapter/Committee:

Mailing Address and Zip Code:

Telephone Number:

Trip Leader Name:

Please complete the chart below indicating your use of the White Mountain National Forest. Please return within 2 weeks of completing your trip.

* The # of people refers to the number of participants (do not include trip leaders). Number of Days includes ½ days.

Date(s) of Trip	Location(s)	# People	# Days	Total Service Days (#people x # days)

Please Return To: USFS - Androscoggin Ranger District
Marianne Leberman
300 Glenn Road
Gorham, NH 03581

Or Email Completed Form to: mleberman@fs.fed.us.