

## WEST VIRGINIA STATE PARKS & FORESTS ADOPT-A-TRAIL PROGRAM

TRAIL \	VOLUNTEER REPORT ——————	
Group/Organization Name:		
Please put organization name exactly as you want it to app	oear on the sign.	
Date of Volunteer Day:		
Trail Name/Description:		
Start Time:	End Time:	
Total Time:		
Number of Participants:	Under 18	Over 18
Grand Total Volunteer Hours:		
Representative Name:		
Email:		
Phone:		
Description of work preformed/metrics (bags of tr	ash collected, etc):	
Representative's Signature:	Date:	
Superintendent's Signature:	Date:	

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