

Trail Maintenance Activity TMA Report Form



FRIENDS of the
BLUE RIDGE
PARKWAY



State the name of the Trail

and milepost number _____

of the Trail for which you are reporting.

Today's Date:

Name of Adoptive Individual:
or Group Leader:

Phone:

Email:

Date(s) on which work was performed:

List the name(s) and # of hours worked by each individual, including yourself, and including round-trip drive time:

Please give details of the work performed (trash pick-up, clearing debris, etc.) and make note of any conditions that need the attention of the Parkway maintenance supervisor in your area.

RETURN THIS FORM TO: Friends/BRP, PO Box 20986, Roanoke VA 24018

01/25/11