

ODS PROGRAM TRIP REPORT

Class Name:_____ Location:_____

Transportation method to get to destination:_____

Date(s) of trip:_____ Instructor(s):_____

Number of Students:_____ Teacher's Assistants:_____

Student names and phone #s (may be attached attendance sheet):

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Weather before departure:_____

Above this line to be filled out by Instructor before outing departure from SAC

Below this line to be filled out by Instructor after trip

Route description and trail/snow/water conditions:_____

Weather conditions during trip:_____

Condition of gear returned (please list any lost, stolen, or damaged gear):_____

Additional information or comments:_____

Report filed by:_____ Date:_____

* Any accidents should be filed on an accident report sheet and attached.

* **Remember to check in at the end of your trip at 465-6282.**