

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.