North Country Trail Association Group Volunteer Hours Log

Pg._____ of _____

Name of Leader:

Description of Project:

Did group include any of the following? (please circle): Boy Scouts / Girl Scouts / SCA / Americorp

Number of Adults: **Number of Youth:**

Date Work Started:

Date Work Completed:

Activity			**Hours**							
			Category							**Total**
Volunteer Name (Please Print)	Address, City, State, Zip	Member? (Y/N)	Admin	Gen Resou	Nat Resou	Cul Resou	Interp	Maint	Train	
		Totals								

DEADLINES: Deadline for VIP awards (for individual cumulative hours): **APRIL 15th** ● Deadline for NPS Annual Report (fiscal year total Oct 1-Sept 30): **OCT 15th**

Mail Completed Form To: NCTA ● 229 E. Main Street ● Lowell, MI 49331