

Adirondack Mountain Club  
Laurentian Chapter  
Trip Report

Trip Leader Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ e-mail address \_\_\_\_\_

Trip Name \_\_\_\_\_

Trip Date \_\_\_\_\_

Trip Participants

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

Short write-up (about 50 words) to be used in the next *North Wind*. Use the back if you need to. Pictures should be sent to John Barron or David Brouwer.

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Please send the completed Trip Report and Release of Liability Form to: Armond Spencer, 585 Pink Schoolhouse Road, Canton, NY 13617. Thanks. Of course you can do the trip report electronically if you prefer.