

## MINNESOTA CROSS COUNTRY SKI TRAIL GRANT-IN-AID PROGRAM

GROOMING LOG SHEET

Trail Name:	Type of Groomer:	Sponsor:	Year:
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Date	Operator Name	Start Time (AM/PM)	Ending Time (AM/PM)	Total Grooming Hours	Allowable Costs Equipment	Total Miles Groomed	Total Cost	Remarks: name of trail or section of trail groomed; additional comments
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	
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					\$		\$	
					\$		\$	
					\$		\$	
					\$		\$	

<b>TOTAL FOR THIS SHEET</b>	Hours:	Miles:	Total	Trail
			Cost:	Administrator
				Signature: