



# Minnesota Department of Natural Resources Trail Ambassador Daily Log



Date

Club Name

Second Club Name (if applicable)

Grant Contract Number

Second Club (if applicable)

Trail Ambassador Names

Trail Ambassador ID Numbers

Trail Name

County

Trail Start Time (military)

Trail End Time (military)

Travel Time (not to exceed 4hrs for both ambassadors combined)

Total Ride Hours (ride time and travel time for both ambassadors)

Total miles observed/monitored

Conservation Officer Contacted?      No      Yes

Conservation Officer Name (if yes)

## 1. TRAIL CONTACTS (Vehicle Type and Number Observed)

Class 1 ATV Total	Class 2 ATV Total	OHM	ORV
Non-motorized	HLV's	Verbal Contacts	Personal Contacts
Other (explain)			

## 2. OPERATOR SAFETY/TRAIL CLOSURE

Under 18 without helmet Total      Youth operators with passengers Total

Trail Closure (travel around gate)      Latitude  
Longitude

**Trail Ambassador Daily Log Pg.2**  
(must be submitted even if no data recorded)



Date

Trail Ambassadors ID Numbers

**3. TRAIL CONDITIONS**

**HAZARDS** - Type example (Trees, Washouts, Other)

Type	Type	Type	Type
Latitude	Latitude	Latitude	Latitude
Longitude	Longitude	Longitude	Longitude
Photo	Photo	Photo	Photo

**SIGNS** - Type example (Missing, Damaged, or Recommended)    **OFF TRAIL TRAVEL** - Describe in Type field

Type	Type	Type
Latitude	Latitude	Latitude
Longitude	Longitude	Longitude
Photo	Photo	Photo

**OFF TRAIL TRAVEL WETLANDS OR WATERS** - Describe in Type field    **4. INVASIVE SPECIES/NOXIOUS WEEDS**

Type	Type
Latitude	Latitude
Longitude	Longitude
Photo	Photo

**PUBLIC ASSISTS, REMARKS, NOTES or OTHER INCIDENTS:** Example (First Aid, Emergency, Lost Trail User)