



GUIDES TRIP LOG SUMMARY

GUIDES NAME: _____ DATE: _____

Trip Area: _____ Trip Date: _____ to _____

Company Name: _____ Contact Person _____

Level One Guide Assistant Overnight Guide Level Two Guide Level Three Guide

Trip/Water Classification: I II III IV Category: Single Double Mixed

Trip Length: NM ____ Days ____ Group Size ____ Incident Report Filed: Minor Medical Evacuation

Trip Area: _____ Trip Date: _____ to _____

Company Name: _____ Contact Person _____

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