Chapter Name _____

Project Leader _____

Agency Contact Person_____

Year

Backcountry Horsemen Of America Volunteer Hours Report

State or Affiliate

Revised May 2009

Project Location & Description

Project Information				Work Hours				Community Service			Miles			Equipment			Stock Use		Donation
Volunteer Name or Individual Project Location	Activity Date	Agency Code	District	Basic Work	Skilled Work	Recon Work	Trail Miles	Educ. LNT	Public Meeting	Admin Service	Travel Time	Vehicle Miles	Stock Hauling	Power Equip	Heavy Equip	Hourly Rate	Stock Used	Stock Days	Dollar Amount
Total				0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	$0.00

A. USFS
B. State DNR
C. State Parks & Hwys
D. National Parks
E. Education
F. Dept. Fish & Wildlife
G. Other
L. LNT
M. BLM
N. US Fish & Wildlife
O. US COE
R. Rendezvous
T. Timber, Private
W. County

Other Information: