

FLORIDA TRAIL ASSOCIATION, INC.

Activity Proposal

Western Gate Chapter & Choctawhatchee Subchapter

(Please submit to the Chapter Activities Coordinator before the next semi-annual Activities Planning Meeting.)

Your name: _____

Your address or phone or email adr: _____

Date of Activity: _____

Type of Activity: _____

Location: _____

Activity Description: _____

Limits: Number of people _____ Number of tents _____ Number of canoes _____

Rating: (Check one): Leisure Moderate Strenuous

Attendance limitations: Members only General public Other (Specify) _____

Suggested Leader Name: _____

Suggested Leader's Contact Information (address or phone or email adr): _____

Comments or notes: _____
