

Annual Planning Form

Trail System or Name:	Location:	
Date:	Season: (circle) Spring – Summer – Fall – Winter	
Trail Steward: (name/group)	Phone:	Email:

Action - ONE FORM CAN BE USED FOR THE ENTIRE TRAIL SYSTEM IF ROOM	Primary contact person?	Resources Needed (labour, materials, funding)?
Planning: (eg: re-routes, closures, new trails (needing approvals))		
Maintenance: (eg: brush/clear trails, repair bridges, boardwalk, signs)		
Construction: (eg: capital projects needing funding ☺)		
Programs: (eg: CSISS – Invasive – see something unusual call Robyn @ 1- 855-785-9333)		
Summary of Key Dates: (eg: Voly dates, annual scheduled dates)		

Notes: