

SJOE EVENT FORM to be completed by Event Leaders

Check ALL that apply and/or Add Comments / Send to Outdoor Events Coordinator by Deadline

ACTIVITY: HIKE___ CYCLE___ PADDLE___ CAMPING___ SNOWSHOE___ SKI___ SOCIAL___ VISIT/TOUR___
CLUB POT LUCK___ RESTAURANT MEAL: ___ *OTHER describe:* _____

PREFERRED DATE _____ / _____ / _____ **ALTERNATE DATE** _____ / _____ / _____
MONTH DAY YEAR MONTH DAY YEAR

LOCATION _____ **NAME** of Trails/Roads/Waterways, etc. _____

DESCRIPTION *Check ALL that apply and/or add Notes*

Distance (est.): _____ KMs // **Duration in Hours** (inc. stops/lunch): _____ // **OPTION TO DO PART ONLY?** YES___ NO___

Circular___ 1 way___ Return___ Groomed___ Rugged___ Gravel/Rocky___ Paved___ Coastal___ Partly Hilly___ Very Hilly___
Flat___ Mostly Flat___ Wet/Boggy___ Water Crossing___ *Other* _____
(describe): _____

FEE? YES___ NO___ \$ _____ **NOTES?** _____

DIFFICULTY: EASY___ MODERATE___ DIFFICULT___ // **SKILL:** BEGINNER___ INTERMEDIATE___ EXPERIENCED___

LEADER's NAME: _____ TEL # _____ - _____ E-MAIL _____

Confirmation Required? IF YES ___ → **By What Date?** _____ / _____ / _____ **By What Time?** _____ p.m. // a.m.
MONTH DAY YEAR

IF NO ___ → **Meeting Time?** _____ p.m. // a.m. **Place:** _____

WHAT TO BRING/WEAR (In addition to: water, food, footwear, hat) // **RECOMMENDED** ___ **REQUIRED** ___ Walking Sticks___
Water Shoes___ Helmet___ Bug Repellent___ Sunscreen___ Flashlight___ Icers___ *Other:* _____