Date:_____ Name of Trail:_____ Counter: _____

Day of the Week:_____ Location on trail (i.e., aproximate distance to and direction of nearest cross street):_____

	BABY CARRIAGE	BICYCLE	JOGGER	ROLLER BLADER (SKATER)	WALKER	WHEEL CHAIR	OTHER	TOTAL	NOTES *(If sheet used by more than one counter, please indicate your hours here.)*
7:00 - 7:15 AM									
7:15 - 7:30									
7:30 - 7:45									
7:45 - 8:00									
8:00 - 8:15									
8:15 - 8:30									
8:30 - 8:45									
8:45 - 9:00									
9:00 - 9:15									
9:15 - 9:30									
9:30 -9:45									
9:45 - 10:00									
10:00-10:15									

Date:_____ Name of Trail:_____ Counter: _____

Day of the Week:_____ Location on trail (i.e., aproximate distance to and direction of nearest cross street):_____

	BABY CARRIAGE	BICYCLE	JOGGER	ROLLER BLADER (SKATER)	WALKER	WHEEL CHAIR	OTHER	TOTAL	NOTES *(If sheet used by more than one counter, please indicate your hours here.)*
10:15 - 10:30									
10:30 - 10:45									
10:45 - 11:00									
11:00 - 11:15									
11:15 - 11:30									
11:30 - 11:45									
11:45 -noon									
noon - 12:15									
12:15 - 12:30									
12:30 - 12:45									
12:45-1:00									
1:00 - 1:15 PM									
1:15 - 1:30									

Date:_____ Name of Trail:_____ Counter: _____

Day of the Week:_____ Location on trail (i.e., aproximate distance to and direction of nearest cross street):_____

	BABY CARRIAGE	BICYCLE	JOGGER	ROLLER BLADER (SKATER)	WALKER	WHEEL CHAIR	OTHER	TOTAL	NOTES *(If sheet used by more than one counter, please indicate your hours here.)*
1:30 - 1:45									
1:45 - 2:00									
2:00 - 2:15									
2:15 - 2:30									
2:30 - 2:45									
2:45 - 3:00									
3:00 - 3:15									
3:15 - 3:30									
3:30 - 3:45									
3:45 - 4:00									
4:00 - 4:15 PM									
4:15 - 4:30									
4:30 - 4:45									

Date:_____ Name of Trail:_____ Counter: _____

Day of the Week:_____ Location on trail (i.e., aproximate distance to and direction of nearest cross street):_____

	BABY CARRIAGE	BICYCLE	JOGGER	ROLLER BLADER (SKATER)	WALKER	WHEEL CHAIR	OTHER	TOTAL	NOTES *(If sheet used by more than one counter, please indicate your hours here.)*
4:45 - 5:00									
5:00 - 5:15									
5:15 - 5:30									
5:30 - 5:45									
5:45 - 6:00									
6:00 - 6:15									
6:15 - 6:30									
6:30 - 6:45									
6:45 - 7:00 PM									
TOTAL									