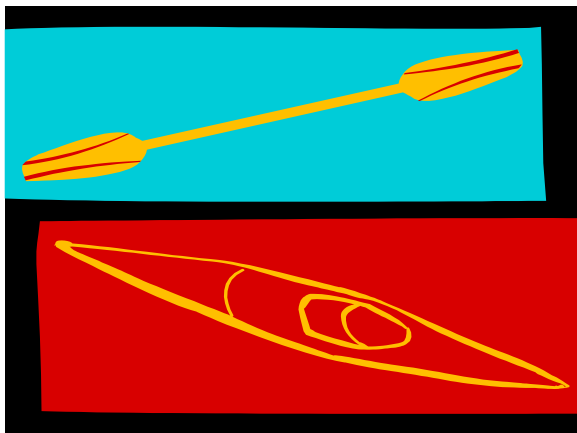


# PINELLAS COUNTY PADDLE TRAIL LOG



Trip Leader:

Date: \_\_\_\_\_

Trail Number: \_\_\_\_\_

Trip Objective:

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Type of Craft:

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Shipping Channel Crossing?  
☐ Yes      ☐ No

PUT-IN LOCATION:

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GPS Coordinates:

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Put-In Location Directions:

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Put-In Time:

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Launch/Ramp Type:

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Sand/Sod | <input type="checkbox"/> Gravel/Rock |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Float Dock  |
| <input type="checkbox"/> Dock     | <input type="checkbox"/> Other:      |

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Facilities:

- |  |   |
|--|---|
| <input type="checkbox"/> Restrooms     | <input type="checkbox"/> Water Fountain/Water |
| <input type="checkbox"/> Phone         | <input type="checkbox"/> Camping Facilities   |
| <input type="checkbox"/> Picnic Tables | <input type="checkbox"/> Covered Shelter      |
| <input type="checkbox"/> Grills        | <input type="checkbox"/> Motorized Boat Ramp  |
| <input type="checkbox"/> Showers       | <input type="checkbox"/> Restaurant           |
| <input type="checkbox"/> Concessions   | <input type="checkbox"/> On-site Rentals      |
| <input type="checkbox"/> Grocery       | <input type="checkbox"/> Parking              |
| <input type="checkbox"/> Hotel/Motel   | <input type="checkbox"/> Other: _____         |

Facilities Condition (be specific):

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TAKE-OUT LOCATION:

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GPS Coordinates:

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Take-Out Location Directions:

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Take-Out Time:

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Launch/Ramp Type:

- |                                   |                                      |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Sand/Sod | <input type="checkbox"/> Gravel/Rock |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Float Dock  |
| <input type="checkbox"/> Dock     | <input type="checkbox"/> Other:      |

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Facilities:

- |  |   |
|--|---|
| <input type="checkbox"/> Restrooms     | <input type="checkbox"/> Water Fountain/Water |
| <input type="checkbox"/> Phone         | <input type="checkbox"/> Camping Facilities   |
| <input type="checkbox"/> Picnic Tables | <input type="checkbox"/> Covered Shelter      |
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| <input type="checkbox"/> Showers       | <input type="checkbox"/> Restaurant           |
| <input type="checkbox"/> Concessions   | <input type="checkbox"/> On-site Rentals      |
| <input type="checkbox"/> Grocery       | <input type="checkbox"/> Parking              |
| <input type="checkbox"/> Hotel/Motel   | <input type="checkbox"/> Other: _____         |

Facilities Condition (be specific):

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Weather Conditions:

☐ Sunny ☐ Overcast

Temperature: \_\_\_\_\_

Wind Speed: \_\_\_\_\_

Wind Direction:

☐ N ☐ S ☐ E ☐ W

Tidally Influenced: ☐ Yes ☐ No

Water Condition:

☐ Smooth

☐ Light Chop

☐ Choppy

Tide:

☐ High

☐ Low

Fishing Traffic:

☐ Minimal

☐ Mid

☐ Light

☐ Heavy

Conflicts with Boat Traffic:

☐ Minimal

☐ Mid

☐ Light

☐ Heavy

Side Trips:

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Points of Interest (GPS if relevant):

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Hazards (GPS if relevant):

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Eateries/Location/Directions:

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Area Camp Sites:

☐ Primitive ☐ RV

Potential Camp Sites/Locations:

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Wildlife Observed:

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Flora & Fauna:

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Way Points:

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Paddle Mileage: \_\_\_\_\_

Photos: ☐ Yes ☐ No

General Perceptions/Field Notes:

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Trip Leader Experience:

☐ High ☐ Moderate ☐ Low

Volunteer Hours: \_\_\_\_\_

Paddler #1: \_\_\_\_\_

Paddler #1 Experience:

☐ High ☐ Moderate ☐ Low

Volunteer Hours: \_\_\_\_\_

Paddler #2: \_\_\_\_\_

Paddler #2 Experience:

☐ High ☐ Moderate ☐ Low

Volunteer Hours: \_\_\_\_\_

Paddler #3: \_\_\_\_\_

Paddler #3 Experience:

☐ High ☐ Moderate ☐ Low

Volunteer Hours: \_\_\_\_\_

Further Investigation Required:

☐ Yes ☐ No

Use additional pages if necessary