



OCV Hike Report

Date: _____ Km: _____ Hike: _____

Leader: _____ Dist: _____ Hrs: _____ Elev: _____

	Name (Please Print)	Guest = G	Emergency Contact	Emergency Contact Ph. #
1	Leader:			
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Continue on back if more room needed				

Leaders – Please record any notable incidents, trail obstructions or challenges and/or make suggestions for hike changes.

Submit hike report to Membership Chair by mail or email: Membership@ocv.ca.
Submit waivers by mail to: OCV Membership, 1014 Burnside Road West, Victoria, BC, V8Z 1N3