

Facilitation Log

Date: _____ Time: _____ Weather Conditions: _____

Name & Title: _____

Additional Staff:

Name & Title: _____

Name & Title: _____

Name & Title: _____

Location: _____

Tree Name: _____

Tree Species: _____ DBH: _____ est. Height: _____

Participant Lines: _____ # Help Lines" _____

Super-System Used:

Yes No

Method of Rope Placement:

Throwball BigShot Pre-set Tag Lines Climber Other _____

Equipment Used: (Include names of climbing hitches/devices and other specialized equipment)

Climb Narrative / Comments / Notes: (Challenges, what did you learn, etc.) Use back if more space needed.

Where there any incidents or injuries? Yes No

If yes, describe: _____

Submit completed forms to: Curt@TreetopExplorer.com