Cape Cod Commission - CITIZENS TRAIL COUNTING SHEET

Name of Trail:_____ **Location on trail:**_____

(i.e., approximate distance to and direction of nearest cross street)

Date:_____ **Day of the Week:**_____ **Observer:** _____ **Weather:**_____

15-Minute Time Period (e.g., 11:00-11:15 a.m.)	Jogger	Child in Carrier	Wheelchair	Walker	Biker	Skater	OTHER	TOTAL	NOTES