

# HARDROCK 100 HEADQUARTERS LOGGING FORM

DATE: \_\_\_\_\_ MILITARY TIME: \_\_\_\_\_ #: \_\_\_\_\_ BY: \_\_\_\_\_  
(Call Sign)

## Circle Reporting Station:

Cunningham      Maggie Gulch      Pole Creek      Sherman      Grouse Gulch      Engineer  
Ouray      Governors      Kroger (Virginus)      Telluride      Chapman      Kamm      Putnam

| COMPUTER                     | RUNNER # | TIME IN | TIME OUT | PI                       | PO                       | DO                       | COMMENTS |
|------------------------------|----------|---------|----------|--------------------------|--------------------------|--------------------------|----------|
| 1. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 2. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 3. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 4. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 5. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 6. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 7. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 8. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 9. <input type="checkbox"/>  | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 10. <input type="checkbox"/> | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 11. <input type="checkbox"/> | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 12. <input type="checkbox"/> | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 13. <input type="checkbox"/> | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 14. <input type="checkbox"/> | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |
| 15. <input type="checkbox"/> | _____    | _____   | _____    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____    |