



Ice Age Trail Thousand-Miler Application

The Ice Age Park & Trail Foundation (IAPTF) recognizes anyone who reports completion of the entire Ice Age Trail and can have their accomplishment verified as a Thousand-Miler. IAPTF policy is to operate largely on the honor system, assuming that those who apply for the Thousand-Miler status have hiked all 1,000+ miles of the Ice Age Trail between Potawatomi State Park and Interstate State Park. Hiking all segments of connecting roads is necessary to qualify. Issues of sequence, direction, speed, length of time or whether one carries a pack or not are not considered. Please respect these standards! It is essential to the continuation of the IAPTF's practice of recognizing the true achievements of Thousand-Milers. IAPTF does not share contact information with other groups or businesses unless authorized to do so. If you answer "Yes" to our referral list question (see below), we may share Thousand-Miler information with academic researchers and other Thousand-Milers.

Last name: _____	First name & initial: _____
Trail name (nickname): _____	Male/female: M F
Address: _____	City/State/ZIP: _____
Phone: _____	Email: _____
Age the day you completed your hike: _____	Occupation: _____
IAPTF member: Y N	Chapter affiliation: _____
Thru-Hike (entire Ice Age Trail in one continuous hike) or Section-Hike (non-continuous): _____	
East to West or West to East? _____	Approximate % hiked solo: _____
Start date (M/D/Y), location: _____	
Finish date (M/D/Y), location: _____	
Hiking partner(s) or group(s) name(s): _____	
Other hikers met on the Trail (particularly section- or thru-hikers): _____	

Please describe a few highlights or unique aspects of your hike. Include the names and addresses (or phone numbers) of some of the people with whom you had interactions along the way. A brief itinerary of section hikes is requested. *(Please attach additional pages as necessary).*

Maintaining contact with people met en route
 Employed car shuttles for transportation or supplies
 Sent supplies to post offices or other individuals en route
 Used a "bounce box"
 Used maps besides those in the *Ice Age Trail Atlas (describe)* _____
 Carried book(s) *(describe)* _____
 Included the Timm's Hill National Side Trail
 Encountered problems with ATV use *(describe)* _____
 Had hiking schedule affected by hunting seasons *(describe)* _____
 Visited an Ice Age National Scientific Reserve unit visitor center en route *(name[s])* _____

Was generally confident of your location on the Trail
 Was lost at times *(describe)* _____
 Used a compass
 Used GPS
 Carried a cell phone
 Used a framed backpack *(type [internal/external] and average weight)* _____
 Describe footwear _____
 Hiked with hiking poles or walking stick *(describe)* _____
 Used water purification system *(describe)* _____
 Used a tent or other shelter *(describe)* _____
 Carried a stove *(describe)* _____
 Hiked with a special diet *(describe)* _____
 Hiked with a medical condition *(e.g., diabetes, arthirtis, MS)* _____
 Experienced a medical problem en route *(e.g., lyme disease, shin splints)* _____

Feel free to include additional information about your hike on separate pages!

Other trails section-hiked or thru-hiked: _____

May IAPTF put you on our "Ice Age Trail Thousand-Miler" referral list for prospective hikers? Y N

If "Yes", please be sure to forward your change of address to IAPTF if you move!

Do you have a slide show-type presentation that you would be willing to share with groups? Y N

Do you have other material you would be willing to share about your hike? Y N

If "Yes", please describe: _____

Do you plan to attend the next IAPTF Annual Membership Conference? (typically in April) Y N

I, _____ (*print name*), verify that all information above is accurate and correct.

Signature: _____

Date: _____

After verifying your application, IAPTF will send you a certificate of completion and Thousand-Miler patch. Your accomplishment will be celebrated at the next IAPTF Annual Membership Conference and then cited in the following fall issue of *Mammoth Tales*.

Please return this form to:

Thousand-Miler Application
c/o Ice Age Park & Trail Foundation
2110 Main Street
Cross Plains, WI 53528

Do not write below this line – For office use only:

Received: _____ Reviewed by: _____ Read: _____
Entered in database: _____ Certificate and Patch Sent: _____
Published in *Mammoth Tales*: _____