



WONDERS OF WILDLIFE DOCENT ACTIVITY REPORT



Please fill in the requested information so we may have accurate records of your participation in the Wonders of Wildlife Program. This information is very important to us, as we use it to provide an in-kind match for our Aquatic Resources Education Program.

Please return your report(s) at least twice each year, by December 31 for fall programs and by June 20 for spring programs, to:

N.H. Fish & Game Department, Public Affairs, 11 Hazen Drive, Concord, NH 03301

Name: _____

Mail Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Complete the form using the following instructions:

1. Fill in date.
2. Fill in appropriate section(s) depending upon whether you attended a training session or gave a presentation (other side)
3. Fill in all TOTAL blanks.

TIME KEY: $\frac{1}{4}$ = 0.25 $\frac{1}{2}$ = 0.50 $\frac{3}{4}$ = 0.75 1hr = 1.00

TRAINING							
DATE	LOCATION	SEMINAR TITLE	PREP TIME	TRAVEL TIME	PROG TIME	TOTAL TIME	MILEAGE ROUND TRIP

TRAINING TOTAL TIME:

PRESENTATION

HABITS AND HABITATS

DATE	LOCATION	PROG TITLE	PREP TIME	TRAVEL TIME	PROG TIME	TOTAL TIME	MILEAGE ROUND TRIP

HABITS & HABITATS TOTAL TIME: _____

ENDANGERED SPECIES

ENDANGERED SPECIES TOTAL TIME: _____

POND ECOLOGY & WETLANDS

POND ECOLOGY & WETLANDS TOTAL TIME: _____

Docent Signature

Date