



PROJECT WILD WORKSHOP ATTENDANCE REPORT

Requested by authority of the Michigan Department of Natural Resources

DATE

No.	FACILITATOR NAME			TYPE OF WORKSHOP			LOCATION OF WORKSHOP			
	NAME	ORGANIZATION	WORK ADDRESS	CITY, STATE, ZIP	EMAIL ADDRESS	PROFESSION (K-12, NATURE CENTER, ETC.)	COUNTY	WORK TELEPHONE	MOBILE TELEPHONE	NO. OF STUDENTS
1.										
2.										
3.										
4.										
5.										
6.										
7.										
8.										
9.										
10.										
11.										
12.										
13.										
14.										
15.										

MAKE CHECKS AND MONEY ORDERS PAYABLE TO: MAEOE

FACILITATORS: COLLECT PAYMENT AND SEND WITH A COPY OF THIS FORM TO:

Michigan Alliance for Environmental and Outdoor Education (MAEOE)

PO Box 271

Birmingham, MI 48012

AND

SEND A COPY (NUMBER 2) TO:

Natalie Elkins

Michigan Department of Natural Resources

PO Box 30028

Lansing, MI 48909

Telephone: 517-373-6919 E-mail: elkinsn@michigan.gov