

Workshop Reporting Form

Workshop Facilitator(s): _____

Address: _____

Phone: _____

E-mail: _____

Workshop Location: _____

Date(s): _____

Type of Workshop offered:

- ☐ Project WILD and Aquatic
☐ Flying WILD
☐ Project WILD combined with _____

Ethnic Origins of participants:

White _____
African American _____
Am. Indian/Alaskan _____
Asian _____
Hawaiian/Pacific Islander _____
Latino _____
Multiple Ethnicities _____
Other _____

Total workshop participants: _____

Formal educators: _____
Informal educators: _____
Preservice/university students: _____
Headstart: _____
High school teachers: _____
Middle School teachers: _____
Elementary School teachers: _____

Number of participants from Title One schools: _____

Total number of students reached by participants: _____

Tell us how the overall workshop went.

**Mail this form, sign-in sheet,
copies of evaluations and your
final agenda to:**

Project WILD Coordinator
Wildlife Resources Division
543 Elliott Trail
Mansfield, GA 30055

Were any additional workshop registration fees charged? If so, please describe (attach any receipts if supplies were purchased):