Facilitator Reporting Form
Submit with Workshop Evaluations and In-Kind Service Form (if applicable)
immediately following training to:

Rusty Garrison
Charlie Elliott Wildlife Center
543 Elliott Trail
Mansfield, GA. 30055

Facilitator Name: ____________________________________________________________

Phone: ___________________________ Email contact: _____________________________

Co-Facilitator(s) Name(s): ____________________________________________________

**Workshop Information**

Date(s) held: __________________________ Location: ______________________________

Workshop Time: __________________________ Combination Project with PLT: YES NO

Professional Development Credit Issued: YES NO Contact Hours: ________________

Open to General Public or Closed to specific group (ROE/In-Service, etc.)
________________________________________

Number of Participants: ________________

Number of Guides Received: ______________ Returned: ______________

Please provide a breakdown of participant backgrounds (Formal/Non-formal/Pre-service/Daycare, etc.):

List any in-kind donations/grants/scholarships obtained for this event:

**Facilitator Resources**

Did you use any of the resources provided by state coordinator (PowerPoint, Certificate/flyer templates, brochures, Evaluations, etc.)?
Please list any updates or suggestions for future resources that could help you in your facilitation: