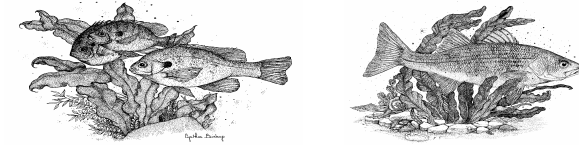


ODNR DIVISION OF WILDLIFE
OUTDOOR EDUCATION SECTION
AQUATIC EDUCATION PROGRAM



Activity Report Form

Are you a grant recipient? (Please circle) Yes No

*Within two weeks of the completion of your aquatic education activity or program, please complete this form and return it to the Division of Wildlife. Items with a ♦ must be completed. This information is necessary to further the program and **educators that fail to return this form may not be eligible to receive future support.** Thank you for your cooperation.*

♦ **Primary Coordinator &/or Instructor Name** _____

School/Agency/Club Name _____

Address _____ **City** _____ **Zip Code** _____

Phone _____ **E-mail** _____ **County** _____

♦ **Total Hours Spent Preparing/Teaching/Assisting by Primary Coordinator** _____

Assistant Name _____ **Total Hours** _____

Assistant Name _____ **Total Hours** _____

Assistant Name _____ **Total Hours** _____

Assistant Name _____ **Total Hours** _____

(Additional spaces provided on back)

♦ **Grand Total of hours contributed by All Instructors/Coordinators/Assistants** _____

♦ **Program/Activity Date(s) (MM/DD/YY)** _____ **Total Participants** _____

Number of participants in each of the following age groups (participants only):

Up to 10 yrs _____ 11-15 yrs _____ 16 yrs - Adult _____ Adults 21 yrs + _____

Percentage of participants in each ethnic group:

White _____ Black _____ Hispanic _____ Native American _____

Asian/Pacific Islander _____ Other _____

♦ **Type of Program:** *H.O.F. - N.O.D.* *Passport to Fishing* *Other*

♦ **Briefly describe your activity/program:** _____

One Day Event **Short Term Event** **Long Term Event**

Signature of Reporter _____ **Date** _____

PLEASE SEND ALL FORMS TO:

ODNR, Division of Wildlife; Outdoor Education Section

2045 Morse Road, Bldg. G-1, Columbus, OH 43229-6605

PHONE 1-800-WILDLIFE; FAX 1-614-262-1171



