



FISHKS - ACTIVITY REPORT FORM
 (MUST BE FILLED OUT COMPLETELY - one form per day)



#	OR		
Organizing Instructor #		Organizing KDWPT Employee	Date of Event

EVENT LOCATION: _____

EVENT LENGTH (HOURS) _____ TOTAL NUMBER OF PARTICIPANTS: _____

EVENT TYPE (CHECK ONE):

Fishing Clinic; Fishing Derby; Mobile Aquarium; School Program; Angler Instructor Course; Outreach;

Advanced AE (explain) _____

Giveaway Items: _____

VOLUNTEERS PARTICIPATING IN THIS EVENT: All instructors, including guest instructors, must verify their hours participated by signature

Volunteer Category General, Youth, Jr Amb # Instructor #	VOLUNTEER'S NAME (PRINT LEGIBLY)	PREPARATION HOURS (Time to prepare and close out an event on <u>day</u> of event)	Personal Vehicle Miles	EVENT HOURS (Time during the event)	VOLUNTEER'S SIGNATURE <i>(Must sign to be valid)</i>

I, the organizing instructor or KDWPT employee, hereby certifies that all volunteers reported herein assisted with a FISHKS event and that this is a complete and accurate final report on the course.

Organizing Instructor Signature _____ Date _____ Aq Ed Coordinator Signature _____ Date _____