



Eligible for 2024 Events



FISHKS - ACTIVITY REPORT FORM

(MUST BE FILLED OUT COMPLETELY - one form per day)

#	OR		
Organizing Instructor #		Organizing KDWP Employee	Date of Event

EVENT NAME/LOCATION: _____ EVENT LENGTH (HOURS) _____

NUMBER OF YOUTH PARTICIPANTS: _____ NUMBER OF ADULT PARTICIPANTS: _____ TOTAL NUMBER OF PARTICIPANTS: _____

EVENT TYPE (CHECK ONE):

Fishing Clinic Fishing Derby School Program Angler Instructor Training Outreach Equipment/Supplies

Advanced AE (explain) _____

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 KDWP 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 _____