



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) _____

Were any accommodations made for individuals with disabilities? NO YES, explain _____

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

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

I, the organizing instructor/employee, hereby certifies that all volunteers reported herein assisted with a FishKS event and that this is a complete and accurate final report.
 Organizing Instructor/Employee Signature _____ Date _____ AE Coord Signature _____ Date _____