Facilitator Report
Texas Project WILD

Event Date(s): _____

Workshop Location: _____
(Facility Name) (City)

Workshop Summary: Number of Participants: _____

Facility Type (Please check one):

☐ City/County Park ☐ Church/Religious Building ☐ Community/Public Building
☐ College/University ☐ Museum ☐ Nature/Environment Ed. Center
☐ School/ISD Site ☐ Scout Facility/Youth Camp ☐ TPWD Site
☐ Other

Workshop Type (Please check one):

☐ Project WILD ☐ Aquatic WILD ☐ AW / PW Combo
☐ Science & Civics ☐ Proyecto ☐ Facilitator
☐ Advanced (please describe): _____

Facilitator Name (Please print)	**Day-time Phone** (Please include area code)	**Lead Instructor** (If yes, please check)	**Signature** (hereby certify that I contributed my time as noted.)	**Prep & Follow-up Hours**	**Workshop Hours**
		☐			
		☐			
		☐			
		☐			
			TOTALS:		

***Has your address, phone or E-mail recently changed? If so, please include information on separate sheet.*

Within 2 weeks of workshop, please submit the following documents:

☐ Copy of Workshop Agenda
☐ Surveys from Workshop Participants
☐ Workshop Roster/Sign-In Sheet
☐ Facilitator Report Form

Mail to: Project WILD Coordinator
Texas Parks & Wildlife Department
4200 Smith School Road
Austin, Texas 78744

Phone: 1-800-792-1112, ext 8183 **Fax:** 512-389-8673
Email: Kiki Corry: 512-389-4369; kiki.corry@tpwd.state.tx.us
Karen Marks: 512-389-8833; karen.marks@tpwd.state.tx.us

(For TPWD use only:)
Workshop ID # _____