

	Event Date(s):
	Event Name:
	City:
PHONE NUMBER	FOR OFFICE USE ONLY
Education Section – (701) 328 - 6615	Received: Entered:
	Initials:

		To ensure credit please return to office	within 10 days after event.				
CHECK ONE TYPE OF EVENT ONLY:	PARTICIPANT INFORMATION:	RACE/NATIONAL COMPOSITION:					
Boat/Water Safety Fur Harvester Ed	Male Female	Black or African American:	White:				
Conservation Volunteer Archery	Adults	American Indian or Alaskan Native:	Asian :				
Hooked on Fishing Hunter Education	Kids	Hispanics or Latino:	Other:				
NASP	Disabled	Native Hawaiian or Other Pacific Islander:					
	Total Enrolled: Total Certifie	ed: Absent: Failed:					
LEAD INSTRUCTOR INFORMATION: ***There must be a	t least 1 lead instructor						
Name:	Signature:		G&F Emp:				
Address:		State:	Zip Code:				
Telephone: (H) (C)	_						
	_	Date:					
CERTIFIED INSTRUCTOR TIME DETAILS: ***Every instructor must SIGN their name on every line. Enter hours in boxes below for each category: P - Prep, I - Instruction, T - Travel (Each Day must be a new entry)							
P I T Date:	Name:	Signature:	Total Hours: G&F Emp				
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CERTIFIED INSTRUCTOR TIME DETAILS:

***Every instructor must SIGN their own name.

Enter hours in boxes below for each category: P - Prep, I - Instruction, T - Travel (Each Day must be a new entry)

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Enter hours in boxes below for each category: P - Prep, I - Instruction, T - Travel (Each Day must be a new entry)

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