EVENT REPORTING FORM

North Dakota Game and Fish Department

C & C Division, Education Section, SFN 6203 REV. 03/2021

PHONE NUMBER
Education Section – (701) 328 - 6615

Event Date(s):

Event Name:

City:

FOR OFFICE USE ONLY	
Received:	Entered:
Initials:	

To ensure credit please return to office within 10 days after event.

CHECK ONE TYPE OF EVENT ONLY:

- ☐ Boat/Water Safety
- ☐ Conservation Volunteer
- ☐ Hooked on Fishing
- ☐ NASP
- ☐ Fur Harvester Ed
- ☐ Archery
- ☐ Hunter Education

PARTICIPANT INFORMATION:

	Male	Female
Adults		
Kids		
Disabled		

RACE/NATIONAL COMPOSITION:

Black or African American: _____ White: _____

American Indian or Alaskan Native: _____ Asian : _____

Hispanics or Latino: _____ Other: _____

Native Hawaiian or Other Pacific Islander: _____

Total Enrolled: _____ Total Certified: _____ Absent: _____ Failed: _____

LEAD INSTRUCTOR INFORMATION: ***There must be at least 1 lead instructor

Name: _____ Signature: _____ G&F Emp: ☐

Address: _____ City: _____ 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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***Every instructor must SIGN their own name.**

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