

VOLUNTEER WATER QUALITY MONITORING INTRODUCTORY LEVEL WORKSHOP REGISTRATION FORM

Location and date of Introductory Level workshop you wish to attend: _____

Name: _____

Address: _____

City, State, Zip: _____

Telephone Number: Home _____ Work _____

E-mail Address: _____

STREAM TEAM/Organization/School Affiliation: _____

If you have already decided you want to volunteer with the monitoring program, please fill in the information below:

Stream you would like to monitor: _____

County in which the stream is located: _____

Description of the location on the stream where you would like to monitor (e.g. upstream from Highway 70 bridge): _____

Return to: **SUSAN HIGGINS**
 WATER PROTECTION PROGRAM
 MISSOURI DEPARTMENT OF NATURAL RESOURCES
 PO BOX 176
 JEFFERSON CITY, MO 65102-0176

*Please complete an application form for each person wishing to attend. You may also register on-line by visiting the Stream Team Web Page at (<http://www.mostreamteam.org>).

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