

2018
VOLUNTEER WATER QUALITY MONITORING
INTRODUCTORY LEVEL WORKSHOP REGISTRATION FORM

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

Name: _____

Address: _____

City, State, Zip: _____

Telephone: Home _____ Work _____

Email: _____

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: Karen Westin
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 online by visiting the Stream Team Website at www.mostreamteam.org

Tape Here

Stamp
Here

KAREN WESTIN
WATER PROTECTION PROGRAM
MISSOURI DEPARTMENT OF NATURAL RESOURCES
PO BOX 176
JEFFERSON CITY, MO 65102-0176
