



ACTIVITY REPORT FORM

Participant Printed Name:

Participant Signature:

Date(s):

Time (Start to Finish):

Total Hours:

Training/Workshop/Project Title:

Training/Workshop/Project
Location:

Description of the Training/Workshop/Project:

Instructor/Coordinator
Printed Name(s):

Instructor/Coordinator Signature(s):

Affiliated Organization(s):

To be completed by the participant:

Information submitted on this form should be applied to which of the following activities?
(Check only one.)

- Advanced Training Basic Training Course – Class Makeup Volunteer Service Project

Email, mail or fax this form to Erin Hall, Master Naturalist Program Coordinator:
Erin.Hall@mecklenburgcountync.gov; 9001 Plaza Road Ext., Charlotte, NC 28215; (704) 536-3164