



EAGLE WATCH VOLUNTEER MONITORING PROGRAM REGISTRATION FORM

Name:

Organization Affiliation (if any):

Occupation:

Street Address:

City, State, Zip:

County:

E-Mail:

Cell Phone:

Home/Work:

How much time can you commit to the Missouri Eagle Watch Program each month?

(a minimum of 3 visits per nesting season, at least 30 minutes per visit is required)

Do you wish to monitor eagle nests only within the county in which you reside? YES NO

If no, what other counties are you willing to monitor?

How many nests are you willing to monitor?

Do you have an active eagle nest on your property? YES NO

Are you currently monitoring an active eagle nest? YES NO How many?

If YES, what county and where?:

Are you willing to scout out nests in: remote locations difficult terrain via boat or canoe

How did you hear about the Eagle Watch Program?

Date:

Signature:

Thank you for your interest in the Missouri Eagle Watch Program

If you have any questions or would like further information contact: Janet Haslerig at 573-522-4115 ext. 3198,
eaglewatch@mdc.mo.gov