



Biodiversity Days Field Trip Info Form

(To be completed by the Field Trip Leader)

Town/City: _____

Field Trip Leader Name: _____ Org./Affiliation: _____

Address: _____

Phone: _____ Email: _____

Preferred Contact Method: _____

Trip Name: _____

Trip Date: _____ Trip Time: _____

General Interest/Focus

1: _____

General Interest/Focus

2: _____

Special Focus (if any): _____

Handicapped Access: Yes _____ No _____

Trip Location (within park or property) _____

Meeting Place: _____

Directions: _____

Trip Duration: _____ Maximum Number of Participants: _____

Is pre-registration required? Yes _____ No _____

Target Age Group: Adults only _____ Adults and Children (any age) _____

Adults & Children (10 and up) _____

Physical Ability Requirements: _____

Additional Equipment: _____

Notes: _____

The information on this form must be entered on the EOEA Biodiversity Website:

<http://maps.massgis.state.ma.us/Biodiversity/BiodiversityDays.htm>

Massachusetts Association of Conservation Commissions

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