

# Project WILD Workshop Proposal Form

*please complete and send 4 weeks prior to date of workshop*

Facilitator Name \_\_\_\_\_

Primary phone: \_\_\_\_\_ Secondary phone: \_\_\_\_\_

Location of the workshop-address: \_\_\_\_\_

School District/Group/Sponsor: \_\_\_\_\_

Workshop Date(s): \_\_\_\_\_ Graduate Credit? Y/N \_\_\_\_\_

Proposed number of participants: \_\_\_\_\_

Complete mailing address where activity guides should be sent including name of person receiving them. Name: _____ Contact Phone: _____ Address: _____ _____ _____ Zip Code: _____
--

Additional materials needed for workshop, including photocopying:

Transportation Needs:

Proposed workshop format and draft agenda or theme: Use back or attach

Specific assistance requested from Project WILD Coordinator:

Return to: Project WILD Coordinator, ADFG 333 Raspberry Rd. Anchorage AK 99518  
Brenda.duty@alaska.gov

THANK YOU!!