



**PARTY PARTICIPANT DATA SHEET**

**FLST Stuart Christmas Bird Count - December 16, 2018**

**This form (filled out) MUST be submitted with the Species Count Form for your party.**

**Area No:**  **Time Started:** \_\_\_\_\_ a.m. **Time Ended:** \_\_\_\_\_ p.m.

**Party Hours:** Foot \_\_\_\_\_ Car \_\_\_\_\_ Boat \_\_\_\_\_ Bike \_\_\_\_\_ GolfCart \_\_\_\_\_ = **Total** \_\_\_\_\_ **Hrs**

**Party Miles:** Foot \_\_\_\_\_ Car \_\_\_\_\_ Boat \_\_\_\_\_ Bike \_\_\_\_\_ GolfCart \_\_\_\_\_ = **Total** \_\_\_\_\_ **Miles**

Summarize weather conditions: (low and high temperatures, fog, smoke, wind speed and direction, cloud cover, sunny/clear, rain):

Please provide ALL the requested information for each participant. Remember to include ZIP-code and Area Code ( ) where indicated. *Please print clearly.* Thank you.

PARTY LEADER name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member #2 name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member #3 name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member #4 name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		

\_\_\_\_\_ Check here if additional party members are written on PAGE 2. Use additional pages if necessary.

**Co-compilers**

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 772-341-7727

Area Number:

Party Leader Name: \_\_\_\_\_

Party member # _____ name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member # _____ name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member # _____ name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member # _____ name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member # _____ name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
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Party member # _____ name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		
Party member # _____ name:		Cell Phone #: ( )	
Mailing address		City	State ZIP
Home Phone #: ( )	E-mail:		