



# CALIFORNIA INVASIVE SPECIES ACTION WEEK PARTICIPANT FORM

Event details and general organization information will be published on the Invasive Species Action Week webpage to provide the public with a list of opportunities for participation.

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Organization name: \_\_\_\_\_ County: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Contact person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Contact phone: \_\_\_\_\_ Organization website: \_\_\_\_\_

General Email: \_\_\_\_\_ General phone: \_\_\_\_\_

## **Action Week Events**

Will schedule  Unable to participate this year, but interested in future information/participation

Already scheduled  Participation open to Adults  Youth  Both

Event date and time \_\_\_\_\_ Location \_\_\_\_\_

Please provide a description of the event, including the project name if applicable.

What species or group of organisms are targeted?

Are participants required to register? Yes  No

If so, how do they register?

## **Additional, optional information:**

How often, and in what locations, do you host invasive species events/work days?

How many volunteers typically participate in an event and what is the age range?

Does your organization maintain memberships? If so, what is the current number of members?

## **Mail participant form to:**

Invasives@wildlife.ca.gov OR  
California Department of Fish and Wildlife  
Invasive Species Program  
P.O. Box 944209  
Sacramento, CA 94244-2090