



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.

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

Please provide us with a description of the event and date(s), time(s), and location(s).

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 level of membership?

Mail participant form to:

Invasives@wildlife.ca.gov OR
California Department of Fish and Wildlife
Invasive Species Program
1416 9th St., 12th Floor
Sacramento, CA 95814