

## VOLUNTEER WATER QUALITY MONITORING INTRODUCTORY LEVEL WORKSHOP REGISTRATION FORM

Location and date of Introductory Level workshop you wish to attend: \_\_\_\_\_

\_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

E-mail Address: \_\_\_\_\_

STREAM TEAM/Organization/School Affiliation: \_\_\_\_\_

If you have already decided you want to volunteer with the monitoring program, please fill in the information below:

Stream you would like to monitor: \_\_\_\_\_

County in which the stream is located: \_\_\_\_\_

Description of the location on the stream where you would like to monitor (e.g. upstream from Highway 70 bridge): \_\_\_\_\_

Return to:     **SUSAN HIGGINS**  
                  **WATER PROTECTION PROGRAM**  
                  **MISSOURI DEPARTMENT OF NATURAL RESOURCES**  
                  **PO BOX 176**  
                  **JEFFERSON CITY, MO 65102-0176**

\*Please complete an application form for each person wishing to attend. You may also register on-line by visiting the Stream Team Web Page at (<http://www.mostreamteam.org>).

Tape Here

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