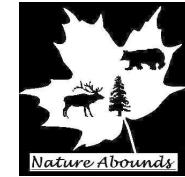


ICEWATCH USA OBSERVATION FORM

FOR STATES EXPERIENCING SNOW AND /OR ICE REGULARLY



Site Name: _____

Observer Name _____ Observer Email _____

Observations:

<u>Date and Time of Observation</u>	<u>Ice Coverage (Ice-on, Ice-Off or Partial Ice w/Percentage)</u>	<u>Air Temperature</u>	<u>Snow Depth</u>	<u>Wildlife Seen or Heard (including tracks)</u>	<u>Notes (including plant/tree observations if any, general weather, or other info you think is pertinent)</u>

Signature of Volunteer _____ Date ___/___/___ Parent or Guardian(if under 18) _____ Date ___/___/___

Please return this form to **Nature Abounds** at:

If you have any questions please feel free to contact us at:

MAIL TO:

Nature Abounds
PO Box 12752
Olympia WA 98508

EMAIL or WEBSITE

volunteer@NatureAbounds.org
www.NatureAbounds.org

Thank you for IceWatching! Your help is greatly appreciated.