

**WESTERN WASHINGTON GOLD PROSPECTORS
ASSOCIATION OF AMERICA (WWGPAA)**

CLAIM WORK FORM

For the purpose of required annual assessment work that must be completed on our claims,
please complete this form and return it to the claims chairman as soon as possible.

Claim Name / Number: _____

TYPE OF MINING WORK PERFORMED (*Dredge, Sluice, Panning*)

Name / Mining Work Done:	Hours	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____

Precious minerals recovered (size, type): _____

MAINTENANCE WORK PERFORMED (*Trail Maintenance, Trash Pick-up, etc.*)

Name / Maintenance Work Done:	Hours	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
