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M A T A N U S K A V A L L E Y
A U D U B O N C H R I S T M A S B I R D C O U N T

Team Desig. _____

PARTICIPANT FORM

COUNT AREA(S) NUMBER DESIGNATION: _____

NAME OF PARTY LEADER: _____
(If you are the only person in the party, you're the leader.)

TOTAL NUMBER IN YOUR PARTY: _____

Names & mail addresses of Field Counter team members

HOURS & MILES

CAR	_____ HOURS	_____ MILES
FOOT (1. 5 mph max allowed)	_____ HOURS	_____ MILES
OTHER _____ (Snowmachine, dogsled, etc.)	_____ HOURS	_____ MILES
OWLING	_____ HOURS	_____ MILES
FEEDER COUNTER	_____ HOURS	

WEATHER CONDITIONS: (Cloud cover, visibility, precipitation, temperature(lo-hi),
wind speed/ direction, & range of snow depth)

CBC Rare Bird Form attached?

YES _____

NO _____