


Name:			GMAS Bio-Blitz at Audubon Wetlands Preserve 
Address:			
City:	State:	Zip Code:	
Email:		Phone:	

<input type="checkbox"/> Group Leaders _____ Number in Group _____	Please mark ability: <input type="checkbox"/> Can walk 1 mile <input type="checkbox"/> Can walk 3-5 miles
---	--

July 5, 2008
9:00 AM- 3:00 PM

• Your interests: Please mark your area of interest or expertise

Birds Butterflies Dragonflies Mushrooms Insects & Spiders
 Botany Geology Herpetology Mammals _____

Complete descriptions can be found at www.gmasohio.org/bobolinks.html

I am over 18 yrs of age <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Age (if under 18)			
Parent signature _____	Fee	No. in party	Payment
GMAS Bio-Blitz mail to: c/o Mary Ellen Bolt 1515 Crosswind Ct. Wooster, OH 44691	OYBC Member, GMAS Member:	\$ 0.00	X
	Non-member youth or Adult:	\$ 5.00	X
	or- Attend as a new GMAS member:	\$ 10.00	

• PAYMENT: Make checks payable to: *GMAS*

Total Enclosed \$