Project RED Sign In

RIVER ALLIANCE of WISCONSIN

Workshop Location: _____ Date: _____

Workshop host: _____ Trainer(s): _____ Workshop Start and End times: _____

Please Print and fill out sheet completely. We need all the information on this sheet to adequately track volunteers and assessing monitoring locations.

Volunteer & Organization Name	Address	Phone Number	Email Address	River Monitored/Requested

Please Return to: River Alliance AIS Program, 147 S. Butler Street, Suite # 2, Madison WI 53703 or ais@wisconsinrivers.org.
For further assistance contact River Alliance of Wisconsin at (608) 257-2424.