

WILD Workshop Request

Fill out this form if you are interested in hosting a Project WILD training at a site in your area.

Name and position title of person requesting the workshop:

Contact phone number: _____

Contact email address: _____

Date of workshop: _____ Back-up date (optional): _____

Facility name where workshop will be held:

Workshop City: _____ County: _____

Approximately how many will be attending? _____

Curriculum/Curricula request:

- Project & Aquatic Combo (6 hrs)
- Project WILD (6 hrs)
- Aquatic WILD (6 hrs)
- Growing Up WILD (3-4 hrs)
- Flying WILD (4-6 hrs)
- Schoolyard Wildlife Activities & Ecology (4 hrs)
- Schoolyard Wildlife/Ecosystems Combo (6 hrs)
- FL Black Bear Curriculum (4-6 hrs)
- Other: _____

Email or mail this form to:

Gina Long
Florida Fish and Wildlife
Project WILD Coordinator
620 S. Meridian Street
Tallahassee, FL 32399

Gina.Long@MyFWC.com

(850) 404-6089

