****

**CIPWG BULK REPORT FORM**

**Name of Reporter:**

**Email:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Location (Town)** ***(Town + state if not in CT)***  | **Educator/****Leader (if different than reporter)** | **Title/Short Description of Program/Outreach/ Management Activity** | **# Participants/ Attendees**  | **# Hours** **Contributed (educator(s) and participants)**  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Send your completed form to** **alyssa.siegel-miles@uconn.edu****.**