



OUTREACH EVENT BAT REPORT

Date Entered:
Entered By:

YOUR CONTACT INFORMATION

Your Name:

Email Address:

Phone Number:

BAT SIGHTING DETAILS

Date of Sighting (year/month/day):

Number of Bats:

Sighting Type (check box):

- | | | |
|-----------------------------------------------------|---------------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> In Flight Outdoors (Day) | <input type="checkbox"/> Summer Roost Sighting | <input type="checkbox"/> Mortality |
| <input type="checkbox"/> In Flight Outdoors (Night) | <input type="checkbox"/> Winter Roost Sighting (Hibernaculum) | |
| <input type="checkbox"/> In Flight Indoors | <input type="checkbox"/> Maternity Colony (females and young) | |

Type of Roosting Structure (if applicable):

- | | | |
|--------------------------------|----------------------------------|---------------------------------|
| <input type="checkbox"/> Cave | <input type="checkbox"/> Barn | <input type="checkbox"/> Mine |
| <input type="checkbox"/> Tree | <input type="checkbox"/> Cliff | <input type="checkbox"/> Well |
| <input type="checkbox"/> House | <input type="checkbox"/> Bat Box | <input type="checkbox"/> Bridge |

Other (please describe):

Location Information:

Street Address

City

County

Province

Postal Code

Other Comments: