

OREGON DEPARTMENT OF FISH & WILDLIFE
OREGON HUNTER EDUCATION PROGRAM
COURSE REPORT FORM
 PLEASE PRINT

Course Start Date
 Month Day Year



Course End Date
 Month Day Year

County Name and Area Coordinator _____

Location of Class (City) _____

\$ _____
 Total Fees Collected

Activity ID Number

Activity Type:

Send Stipend (if applicable) to:

- | | |
|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Conventional HE Course | <input type="checkbox"/> Lead Instructor |
| <input type="checkbox"/> HE Field Day | <input type="checkbox"/> Area Coordinator |
| <input type="checkbox"/> BHED Course | <input type="checkbox"/> None |
| <input type="checkbox"/> Other: _____ | |

Students Passed	Students Failed	Students NO Show	Total Students Registered
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
+ + =			
Classroom Hours	Field Hours	Range Hours	Total Course Hours
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date	Instructor Number	Round Trip Miles	Round Trip Drive Time	Prep Hours	Total Course Hours	Print Name	Signature (Please sign for each day)

Signature of Lead Instructor: _____ Date: _____ Print Name: _____
 Signature of Agency HE Staff: _____ Date: _____ Print Name: _____