



# JAKES® Event Reporting Form

Chapter Name: \_\_\_\_\_

Chapter Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Event Location: \_\_\_\_\_

Please Check One:  First Time Event  Repeat

Did your event include Xtreme JAKES® (ages 13-17) activities?  Yes  No

Did you partner with the US Forest Service (i.e., Smokey Bear appearance or learning station Forest Service staff)?  Yes  No

Did your event take place on US Forest Service land?  Yes  No

Did you partner with a state agency (Dept. of Natural Resources/Fish and Wildlife Agency)?  Yes  No

**Total Number of Children Attending:** \_\_\_\_\_

Sex: Number of Males: \_\_\_\_\_ Number of Females: \_\_\_\_\_

Ages: Ages 0-8 \_\_\_\_\_ Ages 9-12 \_\_\_\_\_ Ages 13-17 \_\_\_\_\_

Total number of adults (include parents, volunteers, chapter leaders): \_\_\_\_\_

**Memberships:**

- I am not enclosing memberships.
- I am enclosing JAKE® memberships that have been paid through a NWTF Hunting Heritage Banquet.
- I am enclosing memberships and a check for the total amount due.

Number of JAKES® memberships enclosed: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_ Check Number: \_\_\_\_\_

Total Number of JAKES®/Xtreme JAKES® Memberships: \_\_\_\_\_ x \$ 10 = \$ \_\_\_\_\_

Total Number of Adult Memberships: \_\_\_\_\_ x \$ 30 = \$ \_\_\_\_\_

Other Memberships: \_\_\_\_\_ x \$ \_\_\_\_\_ = \$ \_\_\_\_\_

NWTF Merchandise Purchased for Event: \_\_\_\_\_ = \$ \_\_\_\_\_

**Mail To:**

NWTF  
 Attention: Mandy Harling  
 P.O. Box 530  
 Edgefield, SC 29824  
 FAX: (803) 637-9180

