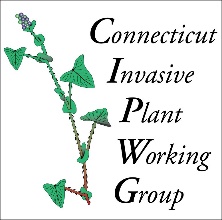
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**CIPWG BULK REPORT FORM**

**Name of Reporter:**

**Email:**

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| --- | --- | --- | --- | --- |
| **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)** |
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**Send your completed form to** [**alyssa.siegel-miles@uconn.edu**](mailto:alyssa.siegel-miles@uconn.edu)**.**