

NESTBOX RESULTS

YEAR		Location of Boxes:
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# of Boxes		Page ____ of ____ Pages
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Your Name, Address, Phone#, email _____

Box Number	First Nesting Species	Date 1st Egg Laid	# Eggs Laid	Hatch Date	# of Young	Fledge Date	# Young Fledged	# Sterile Eggs	# Young Dead	Second Nesting Species (after June 1)	Date 1st Egg Laid	# Eggs Laid	Hatch Date	# of Young	Fledge Date	# Young Fledged	# Sterile Eggs	# Young Dead		
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TOTALS							0	0	0	TOTALS								0	0	0

Please Return Form before August 30 to co-ordinator:
Margaret Hubble 250-542-2712 1101-30 Ave, Vernon V1T 1Z6