



# WORKSHOP ROSTER

State Form 54879 (2-12)

**INDIANA MASTER NATURALIST™**

**JUNIOR INDIANA MASTER NATURALIST**



*Please fill out this form, and submit to IMN State Coordinator Ginger Murphy (Division of State Parks and Reservoirs, 402 W. Washington Room W298, Indianapolis, IN, 46204) as soon as your student roster is set. Please print as legibly as possible.*

Location of Workshop: \_\_\_\_\_

Dates of Workshop: \_\_\_\_\_

Coordinator(s) of Workshop: \_\_\_\_\_

Workshop Type:  Adults Indiana Master Naturalist

Junior Indiana Mater Naturalist

## STUDENTS:

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

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

\_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Service completed:  Data Entry completed: \_\_\_\_\_

Certificate & Pin Sent: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Service completed:  Data Entry completed: \_\_\_\_\_

Certificate & Pin Sent: \_\_\_\_\_

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

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

\_\_\_\_\_

Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Service completed:  Data Entry completed: \_\_\_\_\_

Certificate & Pin Sent: \_\_\_\_\_

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

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

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Telephone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Service completed:  Data Entry completed: \_\_\_\_\_

Certificate & Pin Sent: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
Service completed:  Data Entry completed: \_\_\_\_\_  
Certificate & Pin Sent: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
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Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
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Certificate & Pin Sent: \_\_\_\_\_

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Certificate & Pin Sent: \_\_\_\_\_

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Certificate & Pin Sent: \_\_\_\_\_

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Name: \_\_\_\_\_  
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Telephone number: \_\_\_\_\_  
E-mail address: \_\_\_\_\_  
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Certificate & Pin Sent: \_\_\_\_\_