

Complete and return this form AS SOON AS POSSIBLE AFTER THE END OF THE BREEDING SEASON, AND **NO LATER THAN OCTOBER 31st** , PLEASE.

Friends of the Bluebirds SUMMARY SHEET YEAR _____

Line Number _____ Monitor(s) _____

Address _____

Line Location _____ Ph: _____

e mail _____

BOXES: Used _____ Empty _____ Removed _____ Total _____

Dates Line Checked _____

Occupant	No. of Nests*	No. of Eggs	No. of Successful Nests	No. of Fledges	Notes
Mountain Bluebird					
Eastern Bluebird					
Unidentified Bluebird					
X-nesting Bluebird					

Tree Swallow					
Wren					
House Sparrow					
Other (specify)	_____				

* Include all nests in which at least 1 egg was laid, whether or not the nest was successful.
PLEASE SEE REVERSE OF THIS SHEET FOR EXPLANATION OF OTHER TERMS.

NOTES: