Great Lakes Piping Plover Colorband Sighting Report

Date: ______________________  Time: ______________ AM/PM

Weather/temperature: ______________________________________________________
________________________________________________________________________

Location, please as specific as possible: ______________________________________
________________________________________________________________________
________________________________________________________________________

Observers: ______________________________________________________________
________________________________________________________________________

How can we contact you? __________________________________________________

What equipment were you using to observe Piping Plovers? ______________________
________________________________________________________________________

Is this your first time seeing/reporting color bands? circle one  Yes  No

If “No”, what other species have you seen with color bands? _________________
________________________________________________________________________

Current plumage? circle one  Breeding or Non-breeding

**Piping Plover seen**

<table>
<thead>
<tr>
<th>Right Leg</th>
<th>Left Leg</th>
<th>Description of bands and behavior</th>
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<td>(Draw bands on legs)</td>
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On a scale of 1 (not confident) to 10 (positive), how would you rank the quality of this observation?

1 2 3 4 5 6 7 8 9 10

Please send observations to:

**Mail:** Dept. Fisheries, Wildlife and Conservation Biology  
**UNIVERSITY OF MINNESOTA**  
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1980 Folwell Avenue  
St. Paul, MN 55108

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