



# BEE CITY USA ACTIVITY FORM

EVENT NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE \_\_\_\_\_

DESCRIPTION  
OF ACTIVITY \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Attendees \_\_\_\_\_ #Volunteers \_\_\_\_\_

# Staff \_\_\_\_\_ #Other \_\_\_\_\_

Did this activity benefit monarchs, milkweed, or nectar plantings?

Yes  No

3 Photos Taken and sent to [cfaulkner@villagebhi.org](mailto:cfaulkner@villagebhi.org)

Submitted by  
(name, email, phone) \_\_\_\_\_

Send completed form and at least 3 event photos to [cfaulkner@villagebhi.org](mailto:cfaulkner@villagebhi.org).