



2024 MAPS STATION REGISTRATION FORM

Date: _____

Please refer to the instructions in the current MAPS Manual when completing this form.

Station Manager Contact Information

Name: _____ Title: _____

Affiliated Organization: _____

Address: _____

Phone numbers: Work: _____ Home or Cell: _____

E-mail: _____ Federal Banding Permit # _____

You may also provide contact information for another individual with station operation responsibilities here. To add additional people, please submit a separate list of their contact information when the registration form is submitted:

Name: _____ Title: _____

Affiliated Organization: _____

Address: _____

Phone numbers: Work: _____ Home or Cell: _____

E-mail: _____ Federal Banding Permit # _____

Station Information

(pick up to 4 letters for each; the two codes may be the same)

Location Code: _____ Station Code: _____

Name of Station: _____

Funding Source(s): _____

Property Name: _____

Land Owner: _____

Nearest Town: _____ County: _____ State/Province: _____

Please include **latitude and longitude** of the center of the station:

In degrees, minutes, seconds,

to the nearest second.

Latitude: ____ ____ ____

Longitude: ____ ____ ____

In decimal degrees,

to at least five decimal points.

Latitude: ____ . _____

Longitude: ____ . _____

- Or -

Source of lat/long coordinates: eg. GPS, Google Earth, etc. _____

Datum: NAD27 – or – WGS84/NAD83 (**check one**)

Average Altitude (in m): _____

General Habitat Description (e.g., “Mixed woodland in suburbia”; “cottonwood-willow riparian corridor”): _____

Please include a map showing the position of the station relative to nearby towns, major roads, and other geographic features; maps that are ideal for this purpose can be produced for free using Google Earth (free at www.earth.google.com).

Station Operation

First year of operation (expected): ____ ____ ____ ____

Number of nets: _____

Number of hours of operation per day (We recommend six): _____

Number of days of operation per ten-day period (We recommend one): _____

Periods of operation: From Period ____ through Period ____.

DATA-USE POLICY

Please refer to the MAPS Manual to read the full data-use policy.

In summary, if you submit data to the MAPS program your data will be made available for analysis by both IBP and non-IBP researchers, upon request.

_____ Initial here to indicate awareness of this policy

To ensure receiving a timely spring packet of data sheets and information, **submit this form by April 1** to Danielle Kaschube, dkaschube@birdpop.org. **Forms submitted after April 1 are still valid** but may delay receiving the beginning-of-season materials.