California Bluebird Recovery Program - Form #2 **Season: _____**

Trail-county: _____ **Trail-name: _____**

Date: _____ **Sheet#: ___ of ___**

Use in the field to record weekly monitoring results for these boxes on this trail.
Summarize and transfer to Form #3 prior to entering into the annual on-line data sheet
Print additional forms as needed

Box	Nest?	Species	#Brood	Date	#	Date	#	Date	#	Comments
										Date: