



# Setnet Program Clean-up Form

**Kit Number:** \_\_\_\_\_

Participant Name:

Setnet Site Name:

Phone:

Email:

Mailing Address:

Cleanup date(s):

Cleanup location (Lat/Long preferred) :

Area cleaned (ft) Length:

Avg Width (mean high tide):

Number of Volunteers:

Total Volunteer Hours:

Composition of Debris (estimate percentage):

Trawl, Seine and Cargo Net	_____	All Line or Rope	_____
Domestic Gillnet	_____	High Seas Driftnet	_____
Floats	_____	Other Fishing Related	_____
Banding	_____	Plastic Beverage Bottles	_____
Other Plastic, Non-beverage	_____	Metal	_____
Foam	_____	Other Non-vessel related	_____

Comments:

By signing, you are certifying that the marine debris you have collected was collected in accordance with the Island Trails Network marine debris provided to you and the estimates given are true to the best of your knowledge and ability.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_