

Acorn Collection Information Form

Full name: _____ Date Collected: _____ Date dropped of at hub: _____
Phone #: _____ Email: _____
Location Address: _____
Latitude and longitude (if unknown leave blank): _____

Number of acorns collected at this tree: _____
Species of tree: _____
Tree Code (give the tree a unique code of your choosing): _____
Description of tree: _____

Check this box if you are interested in being contacted about receiving an Oregon Oak sapling from a collected acorn

Other notes

Circle one or more from each of the options below

Competition:

- From other plants 1) Surrounded by other plants close by 2) In an open area 3) Medium level of other plants nearby
- From infrastructure 1) Near a building 2) Not any infrastructure

Soil conditions:

- 1) Near a walking trail or in an area that's constantly walked on 2) near a vehicle path
- 1) Dry soil 2) Consistent wet soil from irrigation nearby 3) Other levels of water:

Location:

- 1) On private property 2) Public land
- 1) In a "natural area" 2) In an urban area

Tree health:

- 1) Above all other trees 2) Same level as other trees 3) Below other trees 4) Canopy not near any other trees and in an open space 5) Canopy not near any other trees but partially covered by infrastructure 6) Canopy not near any other trees but is fully obscured by infrastructure
- 1) Fungi growing on tree 2) Fungi growing near tree 3) No fungi present
- 1) No visible health issues 2) Visible scar(s), holes, swelling, bark missing, wounds to tree stem, please expand below: