

Alaska Swallow Monitoring Network Nest Record Sheet

Box #

Species:

Box Location: field _____ Site: trail forest edge pond _____

Date	Observer	Time	#	#	Comments (note all band numbers, food items, presence of snails, parasites, & anything of interest)
			eggs	young	

Data Summary

Nest Initiation:	Incubation Start:	# eggs:	Date Banded Male:
Nest Completion:	Predicted Hatch:	# hatched:	Date Banded Female:
Clutch Initiation:	Actual Hatch:	# fledged:	Date Banded Chicks:
Clutch Completion:	Predicted Fledge:	Actual Fledge:	Successful (Y or N):