

Los Angeles Spider Survey

Data Sheet

(please fill in using PENCIL)

Your name: _____

Address where spider _____
was collected:

Contact (e-mail) _____

check if you want to be notified about the
identity of your spider

Date collected: _____

Time collected: _____ AM PM

Location: in house or outdoors (circle one)

Any other details you want us to know (eg. under stones,
on plants, in a web, etc.)

How did you hear about the survey? Radio, TV (which
station & program), word of mouth?

We thank Bioquip Products, Gardena, CA, for their sponsorship.

Disclaimer: The museum appreciates your assistance in this scientific
project. If you have any concerns about participating, we suggest you do NOT
participate. The museum cannot be responsible for the treatment of bites or
for any injury or illness resulting from the project.

MUSEUM USE ONLY BELOW

Remarks: _____
