

NOMINATION FORM

WYOMING CHAMPION TREE PROGRAM

Sponsored By Wyoming State Forestry Division

WSFD Official Use
Verified Total Points

Common Name: _____

Scientific Name: _____

Owner's Name, Mailing Address, Phone Number, and E-mail address:

Location of Tree: (Physical Address for urban trees)

Specific location and directions for rural or native forest trees:

Tree's Physical Condition:

MEASUREMENTS:

Circumference: _____ feet _____ inches (4 ½ feet above ground on the uphill side)

If not measured at 4.5 feet, please indicate the height circumference was measured _____

Height _____ feet

Average Crown Spread _____ feet

Date Nominated: _____

Nominator's Name, Mailing Address, Phone Number, and E-mail address: please indicate preferred method of communication _____

RETURN FORM TO: Champion Tree Program, Wyoming State Forestry Division, 5500 Bishop Blvd., Cheyenne, WY 82002 or email to Alexander.McCartney@wyo.gov.

IF POSSIBLE, PLEASE ALSO INCLUDE: A photo of the tree with a person or object for scale. Can be mailed or digitally sent to: Alexander.McCartney@wyo.gov. We prefer photos of the tree with leaves, flowers and/or fruits if possible.