

South Florida Spider Survey

Data Sheet

(please fill in using PENCIL)

Your name: _____

Address where spider was collected: _____

Contact telephone number _____

or email _____

____ Check here if you want to be notified about the identity of your spider

Date collected: _____

Time collected: _____ AM PM

Location: indoors or outdoors (circle one)

Any other details you want us to know (e.g. on a plant, under a stone, in a web, etc.) _____

How did you find out about this survey? _____

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

UNIVERSITY USE ONLY BELOW

Remarks: _____
