



137 East Campbell St.
Blairsville, PA 15717
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Lead Researcher Name _____

Address _____

Address 2 _____

City _____ State _____ Zip _____

Email 1 _____

Email 2 _____

Office Phone _____ Mobile _____

Agency or Other Affiliation _____

(If different from above)

Address _____

Address 2 _____

City _____ State _____ Zip _____

Email 1 _____

Email 2 _____

Office Phone _____ Mobile _____

Cooperating Agencies _____

(All agencies with whom you cooperate and submit information from this study must be listed.)

Date of submission of your proposal _____
(MAKC requires minimum 30 days notice as well as the opportunity to have one of our members accompany you.)

Starting date of proposed study _____ Ending date _____

Title / Name of Proposal _____

Summary of Proposed Study _____

Methods and Materials _____

(If your Methods and Materials change we must be notified and approve any changes.)

Qualifications of lead and secondary researchers to perform this study _____

Are any permits required for this study, such as collection of bones, minerals or for example, dye tracing?

Yes _____ No _____ Permit # _____

Issuing Agency _____

