Date: _____

Missouri Mycological Society

Species List

Location _____ **Event Leader** _____

Location's Contact & Phone _____

Please Print Legibly

Genus	Species	Variety

NOTE: PLEASE SEND THIS FORM TO: **Odile Tompkins**
5290 Waterman Blvd. #6E
St. Louis, MO 63108

OR EMAIL: **ohdtompkins@gmail.com**

optionally **also to: James Savens**
P.O. Box 6112
St. Louis, MO 63139

jbsavens4@hotmail.com