

Oregon Champion Tree Nomination Form

Common Name:	Scientific Name:	ID Reference: <input type="checkbox"/> Book <input type="checkbox"/> Authority <input type="checkbox"/> University <input type="checkbox"/> Other: _____ Specify: _____
Current Champion Status: <input type="checkbox"/> State <input type="checkbox"/> State Co-champion <input type="checkbox"/> National <input type="checkbox"/> National Co-champion		Reason for Measurement: <input type="checkbox"/> New Nomination <input type="checkbox"/> Verification <input type="checkbox"/> Measurement Update

OWNER	Name:	
	Address:	
	City:	Zip:
	Phone:	
	Email:	

MEASUREMENTS		POINTS
Crown Spread – maximum distance: (to the nearest foot)	Feet	Round UP from .5
Crown Spread – 90° axis: (to the nearest foot)	Feet	
Crown Spread Subtotal: (maximum + 90° axis measurement)		
Average Crown Spread (ASC): (divide subtotal by 2)	Feet	
Point Conversion: (divide ACS by 4)	Feet	
Circumference: (to the nearest inch)	Inch	
Height: (to the nearest foot)	Feet	
Height above average ground level that the circumference was measured:		Feet
Date of measurements:		TOTAL POINTS

County:	
Section:	Township: Range:
Latitude:	Longitude:
_____° ____ min. ____ sec.	_____° ____ min. ____ sec.
Narrative:	

PHOTO	Name:	Date Taken:
	Names of persons in photograph(s):	

LOCATION	Location Map/Drawing:

CONDITION OF TREE	
<input type="checkbox"/> Vigorous, healthy	Remarks:
<input type="checkbox"/> Mature, healthy	
<input type="checkbox"/> Mature, declining	
<input type="checkbox"/> Senescent, decline	

NOMINATOR	Name:	
	Address:	
	Email:	Phone:
	Signature:	

OFFICIAL USE ONLY	Date Verified:
	Verification Officer Signature:
	Date Certified:
	State Coordinator Signature: