

Nomination Form for a Missouri Champion Tree

Common Name of Tree _____

Scientific Name (if known) _____

Nominated By _____ Date _____

Address _____

City _____ Zip _____

Phone _____

Location of tree (if location is hard to describe, furnish map on separate sheet)

County _____

Landowner's Name _____

Address _____

City _____ Zip _____

Phone _____

Has the landowner given permission for this tree to be selected as a Champion Tree? Yes No

Tree Measurements:

Circumference (4.5 feet above the ground) _____ Feet _____ Inches

Total Height: _____ Feet

Crown Spread: _____ Feet

Date Measured _____

Measured by _____

Description of Physical Condition _____

Historical or interesting information about the tree _____

Mail completed form and digital photo to: OR Email completed form and digital photo to:

Champion Tree Coordinator
Forestry Division
Missouri Department of Conservation
P.O. Box 180
Jefferson City, MO 65102

donna.baldwin@mdc.mo.gov

