

Leave No Trace Master Educator Course <u>APPLICATION</u>

For Adirondack Mountain Club Courses



Name:					
Li	ast	First	Preferred	d Name	Date
		-		ed to this course? (If	
Address (where you would prefer correspondence be sent):				Home phone:(_)
City		Zip			
Indicate your 1	st and 2 nd choic				
Date		ocation	Date	Location	
-				rse / When?	
				becoming one?	
What are your	personal and p	rofessional c	objectives for this co	ourse?	
Briefly describe	e your outdoor,	/camping/ba	ckpacking experiend	ce and skill level:	
Briefly describe	your teaching	experience	(age groups, indoor-	outdoor, subjects ta	ught, etc.):

MAIL OR FAX COMPLETED APPLICATION TO:

Leave No Trace Coordinator: Tom Manitta

Adirondack Mountain Club

PO Box 867

Lake Placid, NY 12946

Phone: (518) 523-3480 ext. 20 / Fax: (518) 523-3518

skills@adk.org