



**Leave No Trace Master Educator Course
APPLICATION
For Adirondack Mountain Club Courses**



Name: _____
Last
First
Preferred Name
Date

What is your professional/volunteer position or interest related to this course? (If you work for a land management agency, please list agency and position title) _____

Address (where you would prefer correspondence be sent): _____

 City State Zip Country

Work phone: () _____
 Home phone: () _____
 E-mail: _____

Indicate your 1st and 2nd choice for course selection:
 1st _____ 2nd _____
Date
Location
Date
Location

Have you ever taken an ADK course? No Yes What course / When? _____

Are you an ADK member? Yes No Are you interested in becoming one? _____

How did you hear about the Leave No Trace Master Educator course? _____

What are your personal and professional objectives for this course? _____

Briefly describe your outdoor/camping/backpacking experience and skill level: _____

Briefly describe your teaching experience (age groups, indoor-outdoor, subjects taught, etc.): _____

MAIL OR FAX COMPLETED APPLICATION TO:
Leave No Trace Coordinator
Adirondack Mountain Club
PO Box 867
Lake Placid, NY 12946
Phone: (518) 523-3480 ext. 19 / Fax: (518) 523-3518
summit@adk.org