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): Work phone: (___)_____
_____ Home phone:(____)_____
_____ E-mail: _____
City State Zip Country

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: Tyler Socash
Adirondack Mountain Club
PO Box 867
Lake Placid, NY 12946
Phone: (518) 523-3480 ext. 20 / Fax: (518) 523-3518
skills@adk.org