



**LEAVE NO TRACE MASTER COURSE
APPLICATION
For Appalachian 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 AMC course? No Yes, What course/ when? _____

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

How did you hear about the LNT Master Course? _____

What are your personal or 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.): _____

Briefly describe your previous experience with Leave No Trace principles: _____

E-MAIL OR FAX COMPLETED APPLICATION TO:
Alison R. Violette
Appalachian Mountain Club - Trails Volunteer Programs Administrative Supervisor
Pinkham Notch Visitor's Center
PO Box 298, Gorham, NH 03581
P: 603-466-8156 F:603-466-2822
AViolette@outdoors.org

Participant Signature