

**APPALACHIAN MOUNTAIN CLUB
TEEN WILDERNESS ADVENTURES
LEADERSHIP TRAINING PROGRAM & Maine Wilderness Adventure
PRE-REGISTRATION FORM**

** Form must be approved prior to registration. The pre-registration form is not part of a competitive application process. We fill these trips on a first come, first serve basis. However, both trips are physically and mentally challenging, and we want to make sure the trip is a good fit for you!*

PERSONAL INFORMATION

Name _____

Permanent Address _____

City

State

Zip

Phone: (____) _____ e-mail _____

Birthday ____/____/____ Age ____ Height ____ Weight ____

COURSE INFORMATION

Course Title _____

Course Code # _____ Course Starting Date ____/____/____

In the event this course is full, I'd like to be:

On the waiting list (cancellations may provide an opening)

In a different course:

Second Choice Course Title _____

Course Code # _____ Course Start Date ____/____/____

Third Choice Course Title _____

Course Code # _____ Course Start Date ____/____/____

PARENT OR GUARDIAN INFORMATION

Name _____

Address _____

city

state

zip

Phone: Day (____) _____ Evening (____) _____

How did you hear about us?

I originally heard about the AMC Teen Wilderness program through:

Friend AMC's website (www.outdoors.org)

Brochure/Flyer Internet (specify) _____

AMC Outdoors (membership magazine) AMC Outdoor Workshops Catalog

Other _____

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. What are three personal goals you want to achieve through your participation in this course?

2. With regards to leadership, how would you describe your personal strengths and what areas do you feel need improvement?

3. How does/would this course affect your life?

4. In what way will you be an asset to your peers and instructors on this course?

5. What section of this course are you most excited for? What will be the most challenging?

6. Have you attended a previous Teen Wilderness Adventure? If so, what trip and when? If not, describe previous outdoor experience.

7. Is there anything else we should know about you?

Please give a personal reference (teacher, coach, instructor, etc.)

Name _____ Relationship: _____

Phone Number:(_____) _____

PLEASE RETURN THE COMPLETED FORM TO:
Cary Rhodes, Education Programs Coordinator, AMC
P.O. Box 298, Gorham, NH 03581
Phone: (603) 466-8125; Fax: (603) 466-2720