

Hooked on Fishing-Not on Drugs Fishing & Aquatic Education Training December 13-15, 2013 at Camp Sacajawea Newfield, NJ

Please print clearly.

| Name: | | | | |
|----------------------|------------------------|------------------------|--|--|
| | | | | |
| City | State | Z | ip code | |
| Home/Cell Phone No.: | | Work Ph | Work Phone No.: | |
| REQUIRED - E-m | ail Address: | | | |
| Organization/Affilia | ation: | | | |
| Work Address: | | | | |
| City | | State | Zip code | |
| How many youth o | do you contact/work w | vith annually (include | age range): | |
| Food allergies: | | | | |
| Previous environm | nental knowledge and | or experience workir | ng with youth and angling: | |
| | | | | |
| | | | | |
| | | | | |
| | agree to help facilita | | participant questionnaire is nd data collection process? | |
| Th | nis program is sponso | ored by NJDEP Division | on of Fish & Wildlife | |

Please make \$40 check payable to Kids Outdoors, Inc. and return it to:

Liz Jackson, HOFNOD Coordinator NJDEP Division of Fish & Wildlife 605 Pequest Road Oxford, NJ 07863