## Please print clearly.

Name:			
Home Address:			
City	State	Zip code	
Home/Cell Phone No.:		Work Phone No.:	
REQUIRED - E-mail Addres	s:		
Organization/Affiliation:			
Work Address:			
City	State		Zip code
How many youth do you contact/work with annually (include age range):			
Food allergies:			
Previous environmental knowledge and/or experience working with youth and angling:			
As required by law, an evalunecessary. Do you agree to Yes \(\Pi\) No \(\Pi\)			

This overnight training is geared for adults interested in starting a Youth Fishing Club. For more information, visit <a href="www.njfishandwildlife.com/hofnodnj.htm">www.njfishandwildlife.com/hofnodnj.htm</a>. Lodging and accommodations are provided. For questions about the training, please call Liz at (908) 637-4125 x122. Please make \$60 check payable to NJ Div. of Fish and Wildlife and return it to:

Liz Jackson, HOFNOD Coordinator NJDEP Division of Fish & Wildlife 605 Pequest Road Oxford, NJ 07863 Attn: May 16-18