



Leave No Trace Awareness Workshop APPLICATION



Name (Last, First, MI) _____

Paddling Organization: _____

Organization Address _____

Home Address _____

Work Phone _____

Home Phone _____

Fax Number _____

Cell Phone _____

Email address _____

Email Address _____

Mailing Preference: Send all correspondence to: ORGANIZATION HOME (circle one)

Number of participants expected: 0-10 10-20 20-30 30+

Age range of participants: YOUTH 0-15 YOUTH 15-18 YOUTH/ADULT ADULT

Please list three possible dates, locations, and times for the Awareness Workshop (in order of preference):

1) _____

2) _____

3) _____

Expected length of time for Workshop: 30 MIN 45 MIN 1 HR 1.5 HR 2 HR

Briefly describe your organization: _____

What are the organization's objectives for this Awareness Workshop? _____

Please describe the space you have available for the Workshop: _____

Is there a white wall or screen available for PowerPoint? YES NO MAYBE

MAIL or COMPLETED APPLICATION TO:

Washington Water Trails Association
4649 Sunnyside Avenue North
Seattle, WA 98103-6956

OR EMAIL AS ATTACHMENT TO:

lntawareness@wwta.org