

ADK Trails Program Volunteer Registration Form

To register for an Adirondack Mountain Club (ADK) Trails project, print this form, complete it and mail it to the address below. (Please do not e-mail this form.) You will receive an acknowledgement in the mail that includes directions to the meeting location and a detailed equipment list. Registration fees are required for some projects. Additional donations are always welcome!

Name: _____

Address: _____

City: _____ State: _____ ZIP: _____

Home Phone: _____ Work Phone: _____

E-Mail: _____

Are You an ADK Member? ___ YES ___ NO

Age Category: ___ Under 18* ___ 19-29 ___ 30-39 ___ 40-49 ___ Over 50

** If you are under 18 years old, you must have parental/guardian consent.*

1st Choice Project: _____

2nd Choice Project: _____

Why do you want to volunteer?

Date(s) of previous volunteer trail work, if any:

Describe any special dietary needs or medical concerns:

Amount Enclosed: \$ _____. Make checks payable to Adirondack Mountain Club.
Send Registration Form, by regular mail, to:

ADK Trails Program
Box 867
Lake Placid NY 12946

Thank you for joining us.
See You On the Trail!

Wes Lampman, Director of Field Programs