

Program Registration Form

This application is to be completed by the individuals/entities registering to lead a HOFNOD Team. Please mail, e-mail or fax this form to:

Liz Jackson, HOFNOD Coordinator
NJ Division of Fish and Wildlife
605 Pequest Road
Oxford, NJ 07863
Cell: (609) 947-4302
Fax: (908) 637-6735
E-mail: hofnod@dep.nj.gov



Team Leader: _____ (____) _____ - _____ / ____ / ____
Phone: Best # to reach you Date of Birth

Address: _____
City State Zip

Email: _____ @ _____

Team Name: _____

Meeting Location: _____

Team Website/FaceBook: _____
(Optional)

Please describe your HOFNOD program: _____

Number of helpers/volunteers: _____ Estimated number of youth participants: _____
Program start: ____/____/____

Certified HOFNOD instructor(s) helping with your program {individuals who have attended the 2-day training after May 2014}:
(Please provide names)

Participation in a HOFNOD Team Leader Training is required. As a Team Leader, you agree to:

- Manage and maintain all fishing gear, equipment and supplies;
- Submit a calendar of activities at the beginning of your program;
- Collect and submit demographic data on participants; implement pre- and post-test survey;
- Provide photos and other documentation on your team's activities.

This program is sponsored by NJDEP Division of Fish & Wildlife. Fishing gear and equipment are the property of NJDEP Division of Fish & Wildlife, unless otherwise directed by the program coordinator. Groups are responsible for its care and maintenance. Participation in this program is voluntary and organizations/leaders assume all liability.

Team Leader Signature: _____ Date: ____/____/____



The Hooked on Fishing-Not on Drugs Program is sponsored by the New Jersey Division of Fish and Wildlife.

