

Program Registration Form

This application is to be completed by the individuals/entities registering to take leadership in the HOFNOD program. Please mail, e-mail or fax this form to:

NJ Division of Fish and Wildlife
Attn: Liz Jackson, HOFNOD Coordinator
605 Pequest Road
Oxford, NJ 07863
Phone: 908-637-4125 x122
Fax: (908) 637-6735
Email: Liz.Jackson@dep.nj.gov



Date: ___/___/___

Team Leader: _____ Phone: (____) _____ - _____
Best # to reach you

Address: _____
City State Zip

Email: _____ @ _____

Team Name & Location: _____

Please describe your HOFNOD program: _____

Number of helpers/volunteers: _____ 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 demographic data of participants; and
- Supply program photos and other information during the course of your program as required by law.

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.

