

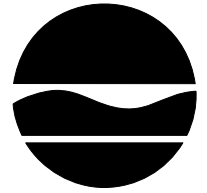
New York State Department of Environmental Conservation

Rogers Environmental Education Center

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Alexander B. Grannis
Commissioner

**Rogers Environmental Interpretation Institute
Application Form**

Name: _____

Sex: M F

Address: _____

Date of Birth: ____/____/____
(Optional) [Month / Day / Year]

Telephone: Home (____) _____
Work or School (____) _____

Best Time To Be Reached _____

Best Time To Be Reached _____

E-mail: _____

Session you are interested in attending: [circle one] Winter (January) Spring (May - June)

Education:

High School:

(Name of High School and City, State) Graduation Date: _____

College(s):

Name

Years Completed

Major/Minor

Other Educational Experience: _____

Experience in this field: _____

