

Program Registration Form



This application is to be completed by individuals and entities registering to participate in the HOFNOD program. Please mail, email or fax this form to:

NJ Division of Fish and Wildlife
Attn: Liz Jackson, HOFNOD
605 Pequest Road
Oxford, NJ 07863
Phone: 908-637-4125 x 122
Fax: (908) 637-6735
Email: Liz.Jackson@dep.nj.gov

Main Contact/Program Leader: _____ Phone: (____) _____

Print Address: _____
City State Zip

Program Name & Location: _____

Please describe your HOFNOD program: _____

Number of Staff/Volunteers for the program: _____ Number of Youth Participants: _____

Program start: ____/____/20____

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

Signature: _____ Date: ____/____/20____

NOTE: Participation in a HOFNOD Leader Training is required. Program leaders will be required to maintain all provided equipment/supplies, submit a calendar of activities, collect demographic data of participants, provide program photos, and other related information throughout the course of the 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. However groups are responsible for their care and maintenance. Participation in this program is voluntary and organizations/leaders assume all liability.



This program is sponsored by the New Jersey Division of Fish and Wildlife.

