

Tree Warden School and Certification 2008 Application

(Please carefully complete this form)

Name *(please print)* _____
Your signature _____
Address _____

City/Town _____ State _____ Zip _____
Work phone (_____) _____ - _____
Fax number (_____) _____ - _____
E-mail _____

Date of this application: _____

Are you a Tree Warden? *(circle one)*: Yes No

Are you a Deputy Tree Warden? *(circle one)*: Yes No

If none of the above, what is your position: _____

In what town do you serve: _____

Please note: You *do not* need to submit payment with this application. Simply send in application as soon as possible to hold a space then make payment when possible. The fee will be \$200 for Tree Warden Association members and \$250 for non-members.

Acceptance criteria: Due to limitations (30 maximum) in class space, Tree Wardens followed by Deputy Tree Wardens will receive priority consideration in acceptance. All other applicants will be considered on a "first come first served basis." If you are not accepted into the program, you will be placed in line for the next class to be held. You will also be notified of all decisions.

Return completed form by: July 30, 2008

Mail to: Robert M. Ricard, Senior Extension Educator
Urban Natural Resources and Public Management
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1800 Asylum Avenue
West Hartford, CT 06117-2600

Questions: Call 860-570-9257