

Outdoor Empowerment

Bridging the Gap Between Inner-city and Outer limits.

Instructor Notes:

Approval:

For office use only

APPLICATION FORM FOR INSTITUTIONS AND ORGANIZATIONS

PART I: GENERAL INFORMATION

NAME OF ORGANIZATION _____ YEAR ORGANIZED _____
ADDRESS _____ CITY/STATE/ZIP _____
TELEPHONE (____) _____ WEBSITE _____
TYPE OF ORGANIZATION
 Association Consultant Legal Service
 Academic Health Care Manufacturer Other _____
 Biotechnology IT/Software Pharmaceutical

Organization Description

Primary Product or Service

PART II: CONTACT INFORMATION

NAME _____ POSITION _____
ADDRESS _____ CITY/STATE/ZIP _____
TELEPHONE (Wk) (____) _____ EXT. _____ Other (____) _____ EMAIL _____

PART III: ADDITIONAL INFORMATION

Instructions: Please answer the questions in the space provided below.

1. Why is your organization interested in Outdoor empowerment?

2. Has your organization been involved with similar programs before? If so, which ones?

3. How did you hear about us?

- Colleague
- Advertisement (Circle One) Radio TV Internet
- Internet Search Engine
- Other Organization/Institution _____
- Other ? _____

PLEASE SEND COMPLETED APPLICATION TO: Outdoor Empowerment
PO Box 35463
Syracuse, NY 13235