Tree Warden School **2015** Application

(Please carefully complete this form)

Name (please print)					
Your signature					
Address					
City/Town			State	Zip code	
Work phone	()				
Fax number	()				
E-mail					
Date of this application	n:				
Are you a Tree Warden? (circle one):			Yes	No	
Are you a Deputy Tree Warden? (circle one)			Yes	No	
If none of the above, w	hat is your pos	ition?			
In what town do you s	erve?				
Please note: You do no as possible to hold a spa Association members an	ace then make pa	ayment when p	oossible. The fee wil	l be \$200 for Tree War	
Acceptance criteria: D Tree Wardens will recei on a "first come first ser for the next class to be l	ive priority cons rved basis." If y	ideration in ac	ceptance. All other epted into the progra	applicants will be consi	idered
Return completed form by:		August 1, 20	15		
Mail to:		Senior Exter UConn Exter 1800 Asylun			

Email: Robert.ricard@uconn.edu

Questions: