



**LEAVE NO TRACE MASTER COURSE  
APPLICATION  
FOR BACKCOUNTRY HORSEMEN OF CALIFORNIA  
STOCK COURSE**

Name: \_\_\_\_\_  
Last First Preferred Name Date

What is your professional/volunteer position or interest related to this course? (if you work for a land management agency, please list agency and position title)

\_\_\_\_\_

Address (where you would prefer correspondence be sent): Home phone: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ Cell phone: (\_\_\_\_) \_\_\_\_\_

City State Zip Country E-mail \_\_\_\_\_

Have you ever taken a Leave No Trace Trainer Course No Yes, Where/- and when?

\_\_\_\_\_

Are you an BCHC member? Yes No, are you interested in becoming one? Yes No

How did you hear about the Leave No Trace Master Course?

\_\_\_\_\_

\_\_\_\_\_

What are your personal or professional objectives for this course? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your outdoor/camping/stock experience and skill level: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Briefly describe your teaching experience (age groups, indoor-outdoor, subjects taught, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please describe your experience in public speaking with individuals and groups:

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Please list three references:

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**MAIL OR Email COMPLETED APPLICATION TO:**

Dan Horn  
2157 Valdes Drive  
Santa Rosa, CA 95403  
Email [bearstrap@msn.com](mailto:bearstrap@msn.com)

**Participant Signature**

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**\$200 deposit required with Master LNT application. Remainder of balance to be submitted 60 days prior to course. If individual applying cancels, BCHC will refund \$100 and retain \$100. If BCHC cancels – entire deposit returned to applicant.**