



ADIRONDACK FORTY-SIXERS



Wilderness First Aid Reimbursement Application

Directions: Mail or scan and email to:

Bob Harvey, Program Coordinator
113 Bowers Road
St. Johnsville, NY 13452
wfa@adk46er.org

Name: _____ 46er#•. _____

Address: _____

Wilderness First Aid Course Completion:

[Include copy of certificate and payment receipt]

Date: _____

Location: _____

Course Title: _____

Re-imburement Amount Requested: _____

Volunteer Service Completion:

46er Activity: _____

Dates: _____

Hours: _____

Activity Coordinator: _____

A non-profit Organization of those who have climbed the 46 major peaks of the Adirondacks. Dedicated to environmental protection, to education for proper usage of wilderness areas, and to participation in work projects (in cooperation with NYS Dept. of Environmental Conservation) to meet these objectives.