

**BEAVERHILL BIRD OBSERVATORY'S GEOFF HOLROYD YOUNG  
ORNITHOLOGISTS' WORKSHOP APPLICATION FORM**

Please return this application and all necessary attachments to:  
helentrefry@gmail.com (scan and send) or  
mail to Helen Trefry, 20102 Twp 512, Beaver County, AB T0B 4J1.  
Applications must be received by June 15, 2017. Award winners will be notified  
by June 30, 2017.

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Age: \_\_\_\_\_

How many species of Canadian birds are you able to identify (circle one)?

30-50 51-75 76-100 101-125 >125

At what age did you become interested in birds and natural history?

\_\_\_\_\_

Do you have any other hobbies or sports that you like to participate in? What are they?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have camping experience? If so, explain the extent of your experience.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any natural history clubs or organizations you belong to and how long you have been a member.

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How would you evaluate your physical health? (circle one):

Fair          Good          Excellent

List any allergies you have (please include environmental, food and drug allergies):

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Are there any foods that you avoid for health or allergy reasons:

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On a separate page(s), please attach the following:

- a) A paragraph about why you want to participate in this workshop.
- b) A paragraph telling us why you think birds, and wilderness in general, are important to conserve.

Parents'/Guardians' Name(s): \_\_\_\_\_

Parents of successful applicants will be required to sign a release form to allow you to attend.

Phone number(s) where parents/guardians can be reached:

Home: \_\_\_\_\_  
\_\_\_\_\_

Business or cell: \_\_\_\_\_  
\_\_\_\_\_

Please attach a letter of support from one adult reference (for example a teacher, scout leader, head of naturalist club). This letter should attest to your ornithological and natural history interest and skills, as well as your ability to work as part of a team in a camping situation. The letter of support needs to include the following:

Name of Reference: \_\_\_\_\_

Position: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number (s): \_\_\_\_\_