



Fishing has no boundaries®

ATTENDANT APPLICATION - 2010 FHNB - Brainerd Lakes Chapter August 27-28

NAME: _____ AGE: _____ M/F: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

PHONE () _____ WORK () _____ CELL () _____

ATTENDANT T-SHIRT SIZE: _____ GROUP HOME NAME: _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

I WILL NEED TO ACCOMPANY THE FOLLOWING ANGLERS ON THE BOAT:

NOTE: If preference is to fish from a standard fishing boat, Attendant to Participant ratio must not exceed 1:1.

Fees for attendant and lodging:

	Fees	How many?	Total
Attendant	\$20	1	\$20.00
Lodging	\$24/night per person		
Amount enclosed			

Please make check or money order payable to **Brainerd Lakes FHNB**

Call Bob Slaybaugh at 218-828-2344 for cabin reservations. You will be paying FHNB for your lodging and FHNB will reimburse The Confidence Learning Center. Please **DO NOT** send money for lodging until you have made a cabin reservation with Bob Slaybaugh. **Space is limited – be sure to reserve as soon as possible.**

Call or write if you need financial assistance, as a limited number of scholarships are available.

RELEASE OF CLAIMS: In acceptance of my participation in the FHNB Fishing Event on August 27-28, 2010, I release FHNB, Inc. and the FHNB Brainerd Lakes Chapter, the Confidence Learning Center, the Gull Chain of Lakes Association, Counties of Cass and Crow Wing, the City of East Gull Lake, all respective agents and employees and all others connected with the Event, from liability or claims for any injury to body or property or illness sustain during my participation in this Event. I understand this release applies to me, my heirs and anyone in participation with me. I am capable of participating in this Fishing Event for Individuals with Disabilities, recognize that risk of injury may accompany such participation, and acknowledge this release is being relied upon by this FHNB Chapter and FHNB, Inc. in permitting me to participate. I grant full permission to any and all related during the event to use any photographs, movies, recordings and other records of this event, without compensation.

SIGNATURE: _____ PRINT NAME: _____

DATE: _____

Application must be signed by attendant.



MAIL COMPLETED APPLICATION TO:
FHNB – Brainerd Lakes Chapter
PO Box 748
Nisswa, MN 56468

