



Fishing has no boundaries[®]

ANGLER APPLICATION - 2011 FHNB- Brainerd Lakes Chapter August 26-27

NAME: _____ AGE: _____ M/F: _____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

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

E-MAIL ADDRESS _____

EMERGENCY CONTACT NAME: _____ PHONE: _____

NAME OF ATTENDANT FOR THIS ANGLER (If applicable): _____

WILL YOUR ATTENDANT NEED TO BE WITH YOU ON THE BOAT? _____ NOTE: If preference is to fish from a standard fishing boat, Attendant to Participant ratio must not exceed 1:1.

IF YES, ATTENDANT NAME: _____

DESCRIBE DISABILITY: (Please be specific) _____

I USE A WHEELCHAIR? YES _____ NO _____ IF YES: MANUAL _____ ELECTRIC _____

WHEELCHAIR /SCOOTER NEEDED ON BOAT? YES _____ NO _____

I WOULD PREFER TO FISH FROM A (Circle choice): Pontoon boat Standard fishing boat

I WILL PROVIDE MY OWN (Circle all that apply): Lifejacket Fishing Poles

I PLAN TO ATTEND (Circle choice): Friday & Saturday Saturday Only

PREFERRED BOAT CAPTAIN: (If possible) _____

PREFERRED FISHING BUDDY: (If possible) _____

MEDICATIONS TAKEN (Please be specific – you may attach a list if needed): _____

IMPORTANT NOTE: FHNB volunteers are NOT responsible for administering medications. This information is requested only for use in a medical emergency.

DIETARY, MEDICAL OR SPECIAL NEEDS: _____

OVER

SPECIAL INSTRUCTIONS: _____

Fees for participation and lodging:

	Fees	How many?	Total
Angler	\$40	1	\$40.00
Lodging	\$24/night per person		
Amount enclosed			

Please make check or money order payable to **Brainerd Lakes FHNB**. Please note that \$20 of the angler fee is sent to FHNB, Inc. in Hayward, Wisconsin to pay for management, promotion, specialized equipment, insurance, accounting, etc.

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 26-27, 2011, 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: _____

GUARDIAN SIGNATURE (if needed) _____ PRINT NAME: _____

DATE: _____ **Application must be signed by angler or legal guardian.**



MAIL APPLICATION TO:
FHNB – Brainerd Lakes Chapter
P.O. Box 748
Nisswa, MN 56468

