



# Fishing has no boundaries®

## ANGLER REGISTRATION - 2026 FHNB- Brainerd Lakes Chapter August 28th-29th, 2026

NAME \_\_\_\_\_ T-SHIRT SIZE: \_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_ ZIP \_\_\_\_

PHONE: \_\_\_\_\_ (Circle one: Cell or Home) E-MAIL ADDRESS: \_\_\_\_\_

NAME OF ATTENDANT FOR THIS ANGLER (If applicable): \_\_\_\_\_

WILL YOUR ATTENDANT NEED TO BE WITH YOU ON THE BOAT? YES \_\_\_\_ NO \_\_\_\_

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

IF YES, ATTENDANT NAME: \_\_\_\_\_

GROUP HOME NAME: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PREFERRED BOAT CAPTAIN: (If possible) \_\_\_\_\_

PREFERRED FISHING BUDDY: (If possible) \_\_\_\_\_

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

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

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

I USE A WHEELCHAIR? YES \_\_\_\_ NO \_\_\_\_

**\*Only fill out if you utilize a wheelchair\***

WHEELCHAIR /SCOOTER NEEDED ON BOAT? YES \_\_\_\_ NO \_\_\_\_ IF YES: MANUAL \_\_\_\_ ELECTRIC \_\_\_\_

**\*\*If you require lodging please fill out separate form marked lodging\*\***

**Fees for participation is \$45 per angler.** 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.

Checks for lodging will be separate from the Registration Check and need to be written out to Confidence Learning Center

Lodging cost is \$24 per night, per person. This also pertains to the attendant/care provider. Please **DO NOT** send money for lodging until you have made a cabin reservation with Amynda Hadfield. Call Confidence Learning Center at 218-828-2344 for cabin reservations.

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.

**OVER**

**Health Information:**

DESCRIBE DISABILITY: (Please be specific) \_\_\_\_\_

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: \_\_\_\_\_

SPECIAL INSTRUCTIONS: \_\_\_\_\_

**RELEASE OF CLAIMS:** In acceptance of my participation in the FHNB Fishing Event on August 28-29, 2026, I release FHNB, Inc. and the FHNB Brainerd Lakes Chapter, the Confidence Learning Center, Rod Benders, Inc., 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.

**Registration must be signed by angler or legal guardian**

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

GUARDIAN SIGNATURE (if needed) \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

**MAIL COMPLETED FORM TO:  
FHNB - Confidence Learning Center  
1620 Mary Fawcett Memorial Drive  
East Gull Lake, MN 56401**