Fishing Clinic Planner

Use this form if you would like your event posted on the DNR's Web site.

Personally identifiable information collected will be used for administrative purposes and may be provided to requesters as required by Wisconsin's Open Records law [ss. 19.31-19.39, Wis. Stats]

Clinic Organizer Contact Information:

Name _________________________________________________________________________________________
Address ______________________________________________________________________________________
City ______________________________________________________, WI Zip Code _____________________
Telephone Number, including area code: _________________________________________________
E-mail: ________________________________________________________________________________________
I am a WI DNR certified Angler Education Instructor _____ yes _____no

Here's what I'm planning:

Date(s): _______________________________________________________________________________________
Time(s): _______________________________________________________________________________________
Site, Location, & Directions: ________________________________________________________________
________________________________________________________________________________________________

Event Description: ___________________________________________________________________________
________________________________________________________________________________________________

Sponsors/Partners: _________________________________________________________________________
________________________________________________________________________________________________

Target Age and Audience:  __________________________________________________________________

Languages spoken by organizer and/or volunteers, other than English: Spanish______ Hmong _______ Other (name language) _________________

Participants over the age of 15 will need either a fishing license or be included in a group Learn-to-Fish license waiver for educational events, except during Free Fishing Weekend. Contact the Angler Education Office for information about the waiver.

Number of Participants Expected:  _______________________________

Complete and return via email to DNRAnglerEducation@wisconsin.gov or print and mail or fax to:
ANGLER EDUCATION, FH/4
WI Department of Natural Resources
PO Box 7921
Madison, WI 53707-7921
Fax: (608) 266-2244

Questions? Contact: Theresa.Stabo@Wisconsin.gov, (608) 266-2272.

Thank you for sharing your time and talents!