Devils Lake - Angler Education Workshop Registration

Name _____

Address _____

City & Zip _____

Phone, including area code _____

E-mail _____

Dietary Restrictions _____

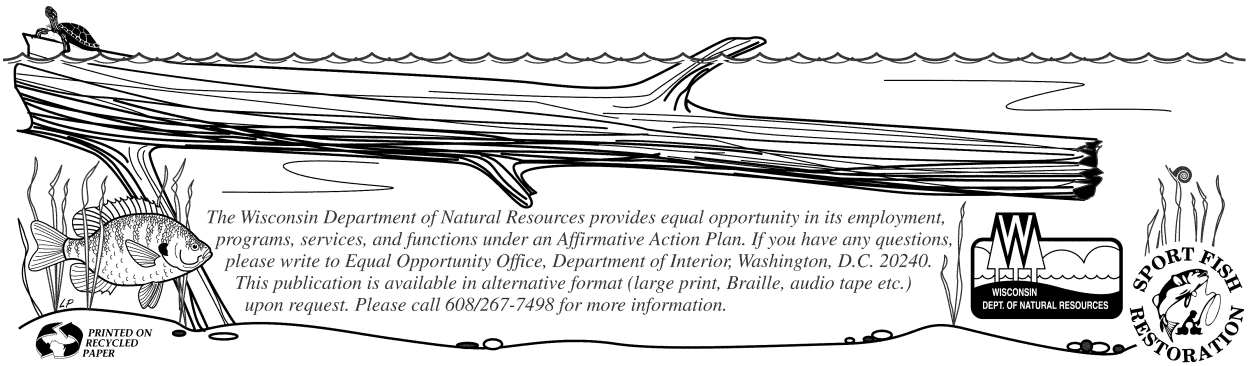
To help us tailor this workshop, please tell us about the types of groups with which you would use the Angler Education Program.

____ Scout Leader – Ages of Scouts: _____
____ Teacher, Grade & Subjects: _____
____ After School Provider or Youth Development, Age of children in your program: _____
____ Other, Describe: _____

Date and Time: **Saturday, February 16, 2013, 10:00 A.M. – 4:00 P.M.**

Location: Devils Lake State Park
S5975 Park Road
Baraboo, WI

Please print, complete and mail at least five days prior to the workshop. Remember to include your $15.00 Workshop Commitment Fee, refundable upon arrival at the workshop. Your commitment fee becomes a donation to the Angler Education Program if you fail to attend without calling to cancel three days prior to the workshop. Please make the check payable to *Department of Natural Resources* and write *Angler Education* on the memo line.

Mail to:
Kim Anderson
Department of Natural Resources
P.O. Box 7921
Madison, WI 53707-7921

Questions? Contact:
Kim Anderson, 608-261-6431
Kimberly.Anderson@wisconisn.gov
Theresa Stabo, 608-266-2272
Theresa.Stabo@wisconsin.gov