

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. See License Waiver Web page for details.

Number of Participants Expected: _____

Complete and return via email to Kimberly.Anderson@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: Kim Anderson at (608) 261-6431 or via email.

Thank you for sharing your time and talents!

