

Shorewood High - 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: **Thursday, May 23, 2013, 4:00 P.M. – 9:00 P.M.**

Location: Shorewood High School
1701 E. Capitol Drive
Shorewood, 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:

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