Fishing Clinic Planner

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

Personal, 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: (Attach additional sheets if necessary.)**

Date(s): _________________________________________________________________________________________________

Time(s): _________________________________________________________________________________________________

County: __________________________

Site name, Location, & Directions:

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Event Description: _____________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Sponsors/Partners: ____________________________________________________________________________________

___________________________________________________________________________________________________________

___________________________________________________________________________________________________________

Target Age and Audience: _____________________________________________________________________________

*Please welcome adults to learn alongside children wherever possible.*

Languages spoken by organizer and/or volunteers, other than English:

Spanish_______ Hmong ______ Other (name language) _______________________________

Number of Participants Expected: _______________________________

Participants aged 16 and older 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 R3 Office for information about the waiver.

Complete and return via email to DNRAnglerEducation@wisconsin.gov or print and mail or fax to:

**ANGLER R3, LE/8**

WI Department of Natural Resources

PO Box 7921

Madison, WI 53707-7921

Fax: (608) 266-3696

Questions? Please contact:

Theresa.Stabo@wisconsin.gov, (608) 577-6332 OR

Andrew.Krismer@wisconsin.gov, (608) 333-2057