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Clean Boats, Clean Waters Workshop Registration Form



Name: Andrew Nickelson
Organization: Big Water Lakes Association
Lake: Big Water
Address: 24231 E. Water Trail
City/State/Zip: Somon, WI 54872
County: Burnett Phone Number: 715-349-5381
E-mail: Andrew.Nickelson@Allina.com

Please tell us what you hope to learn, achieve, or take home from the workshop.

Photo Release:

I agree that any photos or video taken of me while I participate in a Clean Boats, Clean Waters workshop may be used to promote the Clean Boats, Clean Waters program in brochures, news articles, Web sites, and other media sources.

Andrew Nickelson 6/29/13
Signature of participant Date

Signature of parent/guardian if under age 18 Date

In case of emergency, contact:

Name: Tom Nickelson
Phone (day): 612-987-0498 Phone (evening): 651-481-3935

Clean Boats, Clean Waters Workshop Registration Form



Name: Reed Halverson
Organization: Siten School
Lake: Big Duck
Address: 3377 50th Street
City/State/Zip: Frederic WI 54837
County: Polk Phone Number: 715-566-0566
E-mail: reed-halverson@yahoo.com

Please tell us what you hope to learn, achieve, or take home from the workshop.

Learn how to inspect boats for invasive species to keep
and lakes clean.

Photo Release:

I agree that any photos or video taken of me while I participate in a Clean Boats, Clean Waters workshop may be used to promote the Clean Boats, Clean Waters program in brochures, news articles, Web sites, and other media sources.

Reed Halverson 6/26/13
Signature of participant Date

Signature of parent/guardian if under age 18 Date

In case of emergency, contact:

Name: Madison Halverson
Phone (day): 715-566-0566 Phone (evening): 715-566-0566

Clean Boats, Clean Waters Workshop Registration Form



Name: Bryce Highstrom
Organization: Siren School
Lake: Big Doctors
Address: 9096 Spangberg rd.
City/State/Zip: Webster VT / 54893
County: Barnett Phone Number: (715) 349-7244
E-mail: bhighstrom@siren.k12.vt.us

Please tell us what you hope to learn, achieve, or take home from the workshop.

To learn how to help protect our local lakes
and waters.

Photo Release:

I agree that any photos or video taken of me while I participate in a Clean Boats, Clean Waters workshop may be used to promote the Clean Boats, Clean Waters program in brochures, news articles, Web sites, and other media sources.

Bryce Highstrom 6/29/13
Signature of participant Date

Signature of parent/guardian if under age 18 Date

In case of emergency, contact:

Name: Rhonda Highstrom
Phone (day): 715 349-7249 Phone (evening): 1-715-690-4899

Clean Boats, Clean Waters Workshop Registration Form



Name: Vincent Barr
Organization: Siren School
Lake: Big Dodos
Address: 25027 Angeline Ave
City/State/Zip: Wobes WI 54894
County: Brunett Phone Number: _____
E-mail: vincentbarr@hotmail.com

Please tell us what you hope to learn, achieve, or take home from the workshop.

I would like to learn how to identify the plant and protect against invasive species

Photo Release:

I agree that any photos or video taken of me while I participate in a Clean Boats, Clean Waters workshop may be used to promote the Clean Boats, Clean Waters program in brochures, news articles, Web sites, and other media sources.

Vincent Barr 6/29/13
Signature of participant Date

Signature of parent/guardian if under age 18 Date

In case of emergency, contact:

Name: Vinessa Morrison-Barr

Phone (day): (715) 645-0166 Phone (evening): (715) 645-0166

Clean Boats, Clean Waters Workshop Registration Form



Name: Mercedes Moody
Organization: Siren School
Lake: Big Doctor
Address: 24856 Kruger Rd
City/State/Zip: Webster, WI, 549893
County: Burnett Phone Number: 715-338-7343
E-mail: mjmoody97@hotmail.com

Please tell us what you hope to learn, achieve, or take home from the workshop.

To learn how to help protect our local water ways

Photo Release:

I agree that any photos or video taken of me while I participate in a Clean Boats, Clean Waters workshop may be used to promote the Clean Boats, Clean Waters program in brochures, news articles, Web sites, and other media sources.

Mercedes Moody
Signature of participant Date 6-29-13

Signature of parent/guardian if under age 18 Date

In case of emergency, contact:

Name: Heidi Hakseth

Phone (day): 715-410-9068 Phone (evening):