Learn to Fish Program Application

Name:			
Address:		_City:	State:
Phone:	Email:		
Date of Birth G	ender	T-shirt Size:	
School:			
Emergency Contact Name:			
Emergency Contact Phone Number	"		
As part of the Friends of Virgin Islar be learning the basics of sustainable marine resources. Please have you commitment to, and participation in, signing their name below.	e fishing practices or parent or legal gu	and the importanuardian show thei	nce of protecting ir support for you
Parent/Legal Guardian:			
I give full support for my minor the Friends of VINP's Learn to Fish VINP to use my minor's name, word purposes, including but not limited to I have signed below, understand the program with my minor. I realize tha minor's acceptance into the Friends minor has the basic swimming abilit	Program. I hereby ds, and/or likeness o newsletters, brode attached program at completing this as of VINP's Learn to	give permission for non-commerce hures, social men description, and pplication does not be Fish Program.	for Friends of cial promotional edia, and websited discussed the not guarantee my lecrtify that my
Signature	— Printed Name		——— Date

Learn to Fish Program Application Questions

Tell us about yourself: Please describe your interests and your goals.			
2. Participating in the Learn to Fish program involves fishing from a boat and from the shore.			
Participants should be comfortable being in and around the water. Do you enjoy water activities			
such as boating and swimming? How would you rate your swimming ability on scale from 1 to			
10 (1=Cannot Swim 10=Excellent Swimmer).			
3. Why do you want to participate in the Friends of VINP's Learn to Fish Program? How might it help you in the future?			
4. Are you enrolled in any other summer camps? Which ones?			
5. Please indicate which week you prefer to participate in. If you have no preference, circle all three.			
Week 1: June 23 to June 27			
Week 2: July 7 to July 11			

Week 3: July 21 to July 25