

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

