

BOW Registration

2018

Please **ONLY** use this form if you were directed to this page for class registration.

Send form with a check payable to: MN DNR - BOW

DNR, FISH AND WILDLIFE
c/o CASSANDRA HAWKENSON
500 LAFAYETTE RD
ST PAUL MN 55155-4020

| | | |
|--|-----------------|----------|
| NAME | | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |
| DAYTIME PHONE # | EVENING PHONE # | |
| Provide your email address if you want to be notified about upcoming BOW events. | | |
| EMAIL | | |

Names of all those attending and their age if under 18.

| | | | |
|------|-----|------|-----|
| NAME | AGE | NAME | AGE |
|------|-----|------|-----|

Risk and Responsibility

The applicant by signing below recognizes that the program involves some risk and takes responsibility for all action or injury that may result by participating. Participants understand that photographs may be taken during the sessions and may be used for future support of the program.

SIGNATURE _____ DATE _____

Persons under the age of 18 must be accompanied by a guardian and have parent or legal guardian complete the following:

As the parent or legal guardian of the person ages 14-17, I certify that has my permission to attend and participate in all activities for this event and I give permission to the conditions listed in the "Release" statement.

Signature of Parent or Guardian _____ DATE _____

Class Sessions

Check below for the classes you are registering for. If you do not see the class listed please recheck the class description online at www.mndnr.gov/education/bow for registration information.

Sturgeon Fishing, August 10-12, Fee \$225

Archery Series, fee is \$20 and starts January 27

Total Fees

\$ _____

A confirmation letter will be sent a few weeks prior to these classes with class details.

Office Use Only: Becoming An Outdoors Woman/Family

Refunds given only for requests received 30 days before class start date.

Date registration received _____ Check Number _____ Amount: _____

Refund requested by (circle): Linda/BOW or Participant

Class is filled, check returned

Refund issued for cancellation by participant

Refund issued for cancellation by BOW

Refund request sent to business office on _____

Amount to refund: _____