

BOW Registration

2019

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 #	
MN DNR# _____ (YOUR MN DNR NUMBER, ALSO CALLED A CUSTOMER IDENTIFICATION NUMBER, CAN BE FOUND ON ALL DNR LICENSES OR LOOKED UP BY GOING TO LICENSES.DNR.STATE.MN.US/, CLICK ON "BUY A LICENSE" THEN CLICK ON "GET STARTED.")		
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

Please check boxes below for the classes you are registering for. If the class is not listed please recheck the class description for registration information.

Sturgeon Fishing, August 9-11, Fee \$225

Archery Series, January 26, Fee \$20

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 _____