



WORKSHOP REGISTRATION FORM



Only one person may register per form. Photocopies may be made or forms may be downloaded from the outdoor skills Web page at www.dfw.state.or.us/outdoor_skills. If the workshop is a family activity, please fill out one form for each member of the family, attaching forms together.

Name: _____ Day Phone: _____
 Date of Birth _____ Evening Phone: _____
 Address: _____ E-mail: _____
 _____ Fax: _____
 (City, State, ZIP code)

Indicate which workshop(s) you are registering for and the registration fee(s) enclosed.

✓	Workshop	Date	Location	Cost	Amt. Enclosed
	Family Small Game Clinic (Age: 12-17)	Jan. 23, 2010	EE Wilson Wildlife Area	Adult \$25.00/person Adult and one child (age of 12-17) \$35.00 Total Family of three (one adult and two children: age 12- 17): \$45.00 Total Limit of two children per adult (pre-registration is required)	
	BOW (Becoming and Outdoor Woman) Pheasant Hunt Work- shop—Saturday	Saturday, February 20th, 2010 (BOW)	Luckiamute Valley Pheasants, located near Pedee, OR http://www.lvpheasants.com	\$40.00 per person (BOW)	
	MYHP (Mentored Youth Hunter Program) Pheasant Hunt Work- shop—Sunday	Sunday, February 21st, 2010 (MYHP)	Luckiamute Valley Pheasants, located near Pedee, OR http://www.lvpheasants.com	\$40.00 per person (MYHP)	
	Adult Fly Fishing Workshop	Saturday, May 1st, 2010	Camp Sherman	\$50.00 per person	
	Family Day at the Range	Saturday, May 22nd, 2010	Ontario	\$15.00 per person	
	BOW 3-Day Women's Work- shop	Friday, Satur- day, Sunday, May 29-30, 2010	Lincoln city	\$130.00 per person	
	Fly Fishing for Trout, A Family Event (Age 14 and older)	Saturday, June 12, 2010	Frog Heaven Meadow Ponds (Between La Grande and Ukiah)	\$30.00 per person	

Send payment and registration form to:
 ODFW/BOW
 3406 Cherry Avenue NE
 Salem, OR 97303-4924

Total Enclosed: _____

Please make checks payable to:
ODFW/BOW

FILL OUT ALL PAGES OF THIS REGISTRATION FORM.
Incomplete registration forms will not be accepted.



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	Family Clamming	Saturday, June 26th, 2010	Astoria	\$40.00 per person \$10.00 per child	
	Intro to Shotguns and Sporting Clays, Family Event	Saturday, July 24th, 2010	La Grande	\$15.00 per person	
	Adult Pheasant Hunt	Saturday, Sunday, September 11-12, 2010	Medford	\$50.00 per person	
	BOW Women's Pheasant Hunt	Friday, September 24th, 2010	Corvallis	\$40.00 per person	
	BOW Women's Pheasant Hunt	Saturday, Sunday, October 2nd-3rd, 2010	La Grande	\$50.00 per person	
	Family Crabbing	Saturday, October 15, 2010	Newport	\$40.00 per person \$10.00 per child	

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Oregon Department of Fish and Wildlife
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I hereby acknowledge that there are certain inherent risks in participating in a workshop of this nature. I agree that I will not bring claims against the Oregon Department of Fish and Wildlife, its instructors, operators or sponsors as a result of any injuries, expenses or damages I may suffer in connection with my participation in any workshop, whether such claims are known or unknown in the future.

I hereby grant the Oregon Department of Fish and Wildlife all rights to use of my photographic image in perpetuity for any and all marketing and public information campaigns engaged in by the department, and all publications videos, Web sites or other printed or electronic materials produced by the department or its agents for the department’s use and benefit. I understand that, by granting the department these rights, I cede all ownership rights and potential profits from the use of my photographic image, and waive any claim or action of any nature arising as a result of, or in connection with the photographic session and/or use of my photographic image.

Participant’s Signature _____ **Date:** _____
(Parent or guardian must sign if participant is a minor)

Are you a vegetarian? yes _____ no _____
(If you have specific dietary needs you may wish to bring your own food to supplement what is provided.)

EMERGENCY CONTACT INFORMATION

Please provide the names and telephone numbers of two contacts in case of emergency:

Name: _____ Phone 1 _____ Phone 2 _____

Name: _____ Phone 1 _____ Phone 2 _____

Please indicate any medical condition or medication requirements that we should know about (heart disease, allergies, diabetes, etc): _____

The workshop registration fees include instruction, program materials and supplies, use of demonstration equipment and specified meals.

CANCELLATION POLICY:

All cancellations must be made in writing or you may e-mail your cancellation to www.dfw.state.or.us/outdoor_skills or fax it to (503) 947-6009. No refunds will be given for cancellations received less than two weeks prior to a workshop. Cancellations received two week prior to a workshop will receive a full refund minus a 25% processing fee. You may send a substitute participant in your place with advance notification to the registrar at (503) 947-6025

QUESTIONS?

For questions about these workshops or ODFW’s Outdoor Skills Program, contact Mark Newell, Outdoor Skills Program Coordinator, at (503) 947-6018 or by e-mail at mark.newell@state.or.us.

For questions about your registration, contact the program registrar at (503) 947-6025 or by e-mail at darlene.m.sprecher@state.or.us.