

Angler R3 Instructor Workshop Registration

See you on Zoom!

Notice: Personal information collected will be used for administrative purposes and may be provided to requesters to the extent allowed by Wisconsin's Open Records Law (ss. 19.31-19.39, Wis. Stats.).

Dates and Times: **Dec. 7, 8, and 9, 2021 6 p.m.– 8:30 p.m.**

Name: _____

Address: _____

City & Zip: _____ County of residence: _____

Phone, including area code: _____

E-mail: _____

DNR Customer Identification Number: _____

This is the 9-digit number on your fishing or hunting license. You'll need this number to get the required background check to become an instructor. If you don't have a license yet, you can get the number to participate in this workshop by going to [Go WILD](#) on the DNR's website.

To help us tailor this workshop, please tell us how you are involved in educational fishing programs.

Adult Fishing Instruction Program Coordinator – Organization: _____

Fishing Club Member – Ages of Clinic Participants: _____

Teacher - Grade & Subjects: _____

After School Provider or Youth Development - Age of children in your program: _____

Faculty - Discipline & Institution: _____

Other, Describe: _____

Sharing of Contact Information:

I understand that one of the goals of this program is to help establish a community of anglers. I approve of including my email address on a list to share with fellow workshop participants. Yes No

Photo Release

I understand that photos and/or video may be taken by DNR staff at these classes. I hereby consent to the reproduction and use of my likeness by the State of Wisconsin, Department of Natural Resources in all manners, including advertising, display, exhibition and art purposes in perpetuity. I further consent to the use of my photograph or video featuring me by any nominee or designee of the state of Wisconsin, Department of Natural Resources including any publisher or agency, and such picture of me may be used for all of the aforesaid purposes without any limitation or reservation. Yes No

Signature: _____

Your typed name holds the same force as your signature.

Deadline: Please complete and submit this form along with the background check by Nov. 30, 2021.

Questions or trouble with these forms?

Email: Theresa.Stabo@wisconsin.gov

Telephone: 608-577-6332

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