

Adult Beginner's Saltwater Fishing Workshop

AGES 18 & Above

Pick your choice date of workshop _____

Time of Workshop 9:00 am -12:00 pm

Meet at the Picnic Pavilion

Complete one registration form per participant

Workshop Fee is \$20.00 per participant. Make the check payable to Friends of Washington Oaks Gardens State Park

Adult Beginner Name: _____

Address: _____

City: _____ St.: _____ Zip Code: _____

Home Phone # _____ Cell Phone #: _____

How did you hear about the workshop? _____

During the Fishing Workshop Park staff will be taking photos. These photos may be used to promote future park events by being displayed on Display Boards, Brochures or on the park website. Please sign below if you give the park permission to use photographs of you participating in park events. **Bottled water and snacks will be provided. You may furnish a bagged lunch if you like**

Signature: _____ Approved Not Approved

(circle one)

Date Paid: _____ Cash/Check#/Money Order: _____

Please list any special needs _____

RETURN THIS FORM WITH PAYMENT TO:
Friends of Washington Oaks Gardens State Park
6400 N. Oceanshore Blvd.
Palm Coast, FL 32137
(386) 446-6783

E-mail: melissa.kafel@dep.state.fl.us

**Reservations are on a first come first serve basis.
Workshop reservations are confirmed upon payment.
NO REFUNDS**