

**Washington Oaks Gardens State Park  
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 Sea Wall

**Complete one registration form per participant**

**Workshop Fee: \$20.00 per participant**

**Make \$20.00 check payable to Friends of Washington Oaks Gardens State Park**

Adult Beginner Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

**How did you hear about the workshop?** \_\_\_\_\_

Date Paid \_\_\_\_\_ Cash/Check#/Money Order \_\_\_\_\_

Please list any special needs \_\_\_\_\_

**Bottled water and snacks will be provided. Reservations are on a first come first serve basis.  
Workshop reservations are confirmed upon payment. NO REFUNDS**

**Photo Release for Adults**

I, being 18 years or older, hereby consent that the videotapes, photographs and/or motion picture film in which I appear, and/or audio recordings made of my voice may be used by the Florida Department of Environmental Protection, its assigns or successors, in whatever way they desire, including television without compensation. Furthermore, I hereby consent that such photographs, films, negatives and recordings, and the plates and/or tapes from which they are made shall be their property, and they shall have the right to sell, duplicate, reproduce, and make other lawful uses of such photographs, films, recordings, plates and tapes as they may desire, free and clear of any claim whatever on my part in perpetuity.

**IN WITNESS WHEREOF** I have hereunto set my hand, in the State of Florida,  
this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

Signature \_\_\_\_\_

Name(Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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