



Trout Fly Fishing School Registration Form

Name _____

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____

Email _____

Emergency Contact Name _____

Emergency Contact Phone _____

Special Medical Conditions (i.e., Diabetic, Severe Allergies, Epilepsy, etc.) _____

Have you ever Fly Fished before? Yes No

If so, for how long? _____

Right Hand Retrieve Left Hand Retrieve

(Which hand do you spool the reel in with? If you cast with your right hand, and operate the reel with your left you are left hand retrieve. If you cast with your left and use your right hand to spool the reel you are right hand retrieve.)

Do you plan on using your own rod? Yes No

Method of Deposit Payment: Check/Money order E-check Credit/Debit Card

One form per attendee must be submitted, regardless of payment method.

If paying by E-check, Credit or Debit card please mail the form only to the address below.

If paying by Check or Money Order please mail form along with payment to:

Mark Defrank
702 Duck Hollow Rd. Ext.
Uniontown, PA 15401

MAKE CHECKS AND MONEY ORDERS PAYABLE TO MARK DEFRANK