

Registration Form

Sedge Island Sampler for O.W.N.J. – August 4, 2018

Registration Deadline July 23, 2018

Only one registrant per form. Please use a new form for additional registrants.

Registrations are taken on a first-come, first-served basis.

Name: _____ Age: _____

Mailing Address: _____

Email: _____

Cell Phone: _____ Home Phone: _____

Do you currently possess any of the following licenses? Fishing Hunting Both

Workshop Sessions: For each session, choose your first, second and third course options, with #1 being your first choice, #2 being your second choice, and #3 being your third choice for each session. You will only take 1 course per session on a first-come, first-served basis and courses cannot be repeated.

SESSION I

_____ Bay Fishing
_____ Bay Fishing Basics
_____ Crabbing & Clamming
_____ Kayaking

SESSION II

_____ Bay Fishing
_____ Bay Fishing Basics
_____ Crabbing & Clamming
_____ Kayaking

Note any dietary restrictions: _____

Emergency Information:

Who should we notify in the event of an emergency? _____

Phone # of emergency contact: _____

List any medical conditions, allergies, etc. that we should be aware of or that may affect medical treatment:

Photo Release: I give NJ Division of Fish and Wildlife permission to use photographs of myself for promotional and/or educational purposes in printed materials, such as brochures, or on the NJ Division of Fish and Wildlife's website or social media with the understanding that no personal information will be shared. YES NO

Waiver: I understand that all possible precautions are taken to ensure that programs and activities at the Sedge Island Natural Resource Education Center are conducted by mature and qualified personnel in a safe and responsible manner. However, I further understand and agree that Sedge Island Natural Resource Education Center and its staff cannot be held liable for any accident, illness, or disease that might occur. I also agree to follow all rules according Sedge Island policy and within the park regulations.

Signature: _____ Date: _____

Return completed form by July 23th and \$25.00 check or money order made out to NJOA-EP to:

Karen Byrne, NJDEP Division of Fish & Wildlife, PO Box 418, Port Republic, NJ 08241