Spring 2024 Introduction to Fly Fishing

Class Application



Instructions

Please complete one application per person.
When completed, mail along with a check in the amount of \$100 for each applicant to:

Amador Flyfishers PO Box 1798 Jackson, CA 95642

The first 25 applicants will receive conformation by email that they are in the class. After that, applicants will be placed on a waiting list. If they do not make it into the class, the registration fee will be refunded.

Cancellation Policy: Before 30 days of the class, a full refund will be provided when an email request is received. Within 30 days of the class, refunds will only be provided if the class can be filled from the waiting list.

If you have questions you may email classinfo@amadorflyfishers.org or call (209) 418-3098.

Applicant Information						
Name:	First	Last				Date:
Address:	Mailing Address					
	City				State	ZIP Code
Phone:	- provide the following	Cell	☐ Home [Email:		
Please also provide the following information:						
☐ I have r	never tried fly fishing	☐ I have tried fl	y fishing, but	need more inf	ormation	☐ I just need a refresher
For AFF Use Only						
Date Received:			☐ Check	Check No		
Amount Daid:			☐ Cash	Descrided by	_	