



Annual Addieville Application Form

Junior's Fly Tying/Fly Fishing Program

April 17, 2010, 8:30am to 4:30pm

Child's name _____ Child's age _____

Child's address with zip code _____

Phone at which child can be reached: _____ **E-mail** _____

Parent or guardian's name: _____

Parent or guardian's address with zip code:

Parent or guardian's phone _____

If guardian, relationship to child _____

Guardian's age _____

Agreement to be Signed by Parent or Guardian

I understand that even under the best of conditions and supervision, accidents can happen. In the event that my child should be injured, I will hold harmless, United Fly Tyers of Rhode Island, and the Narragansett Chapter of Trout Unlimited.

Signed by parent or guardian _____ Date _____

Please make a copy of this page for your records. Return one copy with a check for \$10, made out to UFTRI, to John J. O'Meara, PO Box 333, Hope Valley, RI 02832. If any questions, call 401-539-7286.

It's very important that we have an email address where we can contact someone on short notice. Be sure to fill out that section of the application. Thank you.