



Classic Fly Fishing Adventures

Participant Information Form

In order to prepare for our trip together please take a moment to tell us about yourself. This information helps us plan a trip to maximize your enjoyment!

Name: _____ Date: _____
Address: _____
Phone: _____ Alternate: _____
Email: _____
Previous Fly Fishing Experience? _____

Do you have any allergies or dietary concerns?

Medical conditions we need to be aware of?

Do you have your own waders and boots?

Yes Please Note, that Felt Soled Boots are not recommended due
to the risk of transporting invasive species and disease.
No

Do you have your own rod reel etc?

Yes Weight/Length _____
No

Is there a specific time you would like to start your day?

Expectations for the day?

Any specific type or techniques you would like to learn or focus on?

How did you hear about us?

Is there any other information you would like to share with us?