



**Application for the US Youth National Fly Fishing Team Clinic
April 15-17 2016
Nantahala Outdoor Center
13077 W Hwy 19, Bryson City, NC 28713**

Print Name: _____ Date of Birth _____ M/F _____

Address: _____

City _____ State _____ Zip _____

Phone(H) _____ Phone(C) _____

E-Mail _____ Parent's E-mail _____

Participant Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

(Required if participant is under 18 years of age)

Please provide the following with this application:

- Signed copy of this application, as well as the Statement of Responsibility and the Code of Conduct (Both available on the Team website and by request from Team Manager, Kalvin Kaloz or Team Secretary, Deb Ridgeway)
- A list of any limiting medical conditions, allergies, and/or dietary conditions
- Payment of \$225.00, made payable to The US Youth Fly Fishing Team, Inc. Payment includes instruction, practice, lodging, meals, some snacks.

Note: Payment must be received prior to the event

Mail all forms (Application, Statement of Responsibility, Code of Conduct and Payment) to:

**Kalvin Kaloz, Team Manager and Assistant Coach
113 Robert Road
Harrisburg, PA 17112
1-717-512-2288 (cell)
Kalvin.kaloz@gmail.com**

Deadline for submission of application and payment is March 15, 2016

The USYFFT, Inc., is a 501 (c)(3) non-profit, Federal I.D. 26-1759674
Form revised 1/2/2016