



**Application
US Youth National Fly Fishing Team
May 20-22, 2016
Sieg Center, Lamar, Pennsylvania**

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 by request from the Assistant Coach and Team Manager, Calvin Kaloz)
- A list of any limiting medical conditions, allergies, and/or dietary conditions
- Contact Assistant Manager and Team Coach, Calvin Kaloz for details regarding costs

Note: Payment must be received prior to the event, and payment plans may be worked out with the Treasurer, Mike Gruendler

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**