



Application
US Youth National Fly Fishing Team Championships
June 27-29, 2014
Syracuse, New York

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

Address: _____

City _____ State _____ Zip _____

Phone(H) _____ Phone(C) _____

E-Mail _____ Parent's E-mail _____

Date of Last USYFFT clinic attended: _____

Note: All applicants must have completed one USYFFT, Inc. Clinic

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, Rich Reeding, Assistant Team Manager, Chris Smith, or Team Secretary, Deb Ridgeway)
- A list of any limiting medical conditions, allergies, and/or dietary conditions
- Payment of \$150.00, made payable to The US Youth Fly Fishing Team, Inc.

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

Rich Reeding, Team Manager
12488 Kenwood Drive
Petersburg, PA 16669

Deadline for submission of application and payment is June 1, 2014

The USYFFT, Inc., is a 501 (c)(3) non-profit, Federal I.D. 26-1759674 Form revised 4/14/14