

Registration Form  
**25<sup>th</sup> Becoming an Outdoors-Woman Workshop**

March 22-24, 2013

Only one person may register per form and you must be at least 18 years old. Please photocopy for additional registrants.

*Please Print*

Name \_\_\_\_\_

E-Mail: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: Evening (\_\_\_\_\_) \_\_\_\_\_

Day or Cell: (\_\_\_\_\_) \_\_\_\_\_

**Circle One:**

Night Owl      Morning Glory      Sleepy Hollow  
(Party Dorm)    (Intermediate Dorm)    (Quiet Dorm)

A band will play behind the dorms on Friday night till 11pm

Lodging: Preferred Roommate (list up to 2 persons only)

\_\_\_\_\_

This is my 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup>, 4 or more La. BOW Workshops.  
(Circle One)

T-shirt size (circle one) Sm Md Lg XL 2X 3X  
(If a 3X is not available we will substitute it with a 2X.)

Circle yes to be placed on the carpool list. (circle) YES

**REMEMBER:** The Firearms & Firearm safety class is a Prerequisite for all gun classes. Indicate here if you have taken this class in the past.

\_\_\_\_yes \_\_\_\_no, or list your  
Hunter Ed Certification Number \_\_\_\_\_.

Handgun course enrollee's may bring your own firearm, although handguns will be provided. We will supply ammunition for 22 cal. and 38 (can be used in a 357). PLEASE, have the handgun unloaded before entering the gates.

Are you bringing your handgun for this class?  
YES \_\_\_\_ NO \_\_\_\_ TYPE \_\_\_\_\_

Special needs: \_\_\_\_\_

If you have specific dietary needs (ex. Vegetarian) you may wish to bring your own food to supplement what is provided.

Circle no if you DO NOT eat boiled crawfish. (circle) NO

**SESSIONS**  
**READ Course Description First**  
**List 1-9 for each session**  
*Delayed registration may occur if not numbered completely.*  
*If a session is left blank your form will not be processed.*

*Session I Friday 1:30 pm - 5 pm*

1. Firearms & Firearm Safety
2. \*Wilderness Survival
3. Those Dam Beavers
4. Intro to Archery
5. Kayaking 101
6. \*\*Wood Duck Carving
7. \*Backpacking 101
8. Game Cleaning
9. Hear A Duck, There A Duck

*Session II Saturday 8 am - 11:30 am*

10. Outdoor Photography
11. Talking Turkey
12. Campfire Cuisine
13. Basic Camp Cooking
14. Power Up Your Equipment
15. Rifle Markswomanship
16. Intro to Shotgun
17. \*\*Horseback Riding
18. Outdoor Adventures with your Pet
19. Intro to Fishing

*Session III Saturday 1:30 pm - 5 pm*

20. Compass Skills
21. Reading the Night Sky
22. Basic Handguns
23. Living with La. Wildlife
24. Backyard Wildlife
25. \*\*Horseback Riding
26. Now That I've Caught It, What Is It, And What Do I Do With It?
27. Bucks and Does
28. Kayaking 101

*Session IV Sunday 8 am - 11:30 am*

29. Where Am I?
30. Birdwatching
31. Outdoor Women of the 1800's
32. Falconry
33. Boating/Trailering
34. Beginning Fly-fishing
35. Off Road Biking
36. Get Em' Hooked !
37. Basic Camping Skills
38. Outdoor Personal Protection

*Regular Check In: 10 am - 11 am Friday*

*Welcome: 11:30 am - 12 Noon*

*Lunch: 12 Noon*

**ACCOMMODATIONS** - Lodging is dormitory style with bunk beds housing 28 participants per dorm with air conditioning. One large central bath house is located between the dorms. Linens, blankets and pillows are not provided. Bring bedding and toiletry items. Meals are served cafeteria style and will be served at the designated times.

**WORKSHOP FEE \$170** includes all meals and lodging, class instruction, program materials, use of demonstration equipment, and evening entertainment. Registration is taken on a first come, first serve basis, with space limited to 125 participants. No registration will be accepted by telephone, fax, or e-mail. Upon receipt of your registration and payment, you will be sent a confirmation with a map to Camp Grant Walker. We do not accept credit cards or cash.

Make checks payable to: **LOUISIANA WILDLIFE AND FISHERIES FOUNDATION or LWFF.**

### **REFUND POLICY**

**CANCELLATION DEADLINE** is, March 1, 2013. If you cancel by March 1, 2013 you will receive a 50% refund. Registrants who do not attend and do not cancel by the above date will not receive a refund. Cancellations must be in writing. You may e-mail it to [dnorsworthy@wlf.la.gov](mailto:dnorsworthy@wlf.la.gov) or fax it to 318-345-0797.

Complete and send registration and fee to:  
La. Dept. of Wildlife and Fisheries (BOW)  
ATTN: Dana Norsworthy  
368 CenturyLink Drive  
Monroe, LA 71203

**Checks are to be made payable to: Louisiana Wildlife and Fisheries Foundation or LWFF**  
**Checks not written out to the foundation will be returned.**

In registering for the Louisiana BOW workshop participants understand and agree that by attending this program photographs may be taken during the sessions and may be used in future support of the program.

### **COME PREPARED FOR RAIN OR SHINE**

#### *Suggested Items:*

Comfortable outdoor clothing	old shoes	long sleeved shirts	long pants
sun screen	raincoat	cap	camera & film
insect repellent	alarm clock	camping chair	pillow
toiletry items	washclothes	towels	bedding
water bottle	binoculars	flashlight & extra batteries	

**IT'S CALLED "LOUISIANA STYLE"**

**SPONSORED BY THE LOUISIANA DEPARTMENT OF WILDLIFE AND FISHERIES**

**LIABILITY / MEDICAL RELEASE**

In consideration of the benefit received from my participation in the BOW Program and associated activities I voluntarily and knowingly assume any risk associated therewith and waive my right to assert any claim against the State of Louisiana, or any of its Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers for injury or damage to my person or property resulting from my participation in BOW activities. I further release and hold harmless the State of Louisiana, all State Departments, Agencies, Boards and Commissions, as well as its officers, agents, servants, employees and volunteers, from any and all claims, demands, causes of action, expense and liability arising out of injury or death to my person as a result of my participation in the Beyond BOW and associated activities.

I further understand and agree to abide by the general rules and conduct prescribed for guest of the LDWF and that violations may result in a denial of privileges, a forfeiture of all fees paid and immediate removal from the property.

I have read this release. I understand that it affects legal rights and responsibilities, and I hereby agree and consent to its terms and conditions and hereby waive any claims arising while residing and/or participating in programs of LDWF.

\_\_\_\_\_  
Signature of Participant Date

**MEDICAL HISTORY QUESTIONNAIRE  
(MANDATORY)**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone:(\_\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

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**ALL INFORMATION WILL BE CONFIDENTIAL**

The below information could be life saving if an accident or injury occurs. This questionnaire is VOLUNTARY.

Please List:

Current Medications: \_\_\_\_\_

Allergies / Asthma (include medications): \_\_\_\_\_

Circle if you are being treated for any of the following:

Diabetes                      High Blood Pressure                      Seizures                      Heart / Lung / Kidney Disease

When was your last Tetanus Toxoid inoculation? \_\_\_\_\_

**THIS MEDICAL HISTORY QUESTIONNAIRE IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Signature of Participant Date