

29th Becoming an Outdoors-Woman Workshop

March 31-April 2, 2017 - Registration Form

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

NEW REGISTRATION PROCESS: Everyone may begin to mail their registration form on Jan. 27, and registrations will be processed as they are received until all slots are filled. HOWEVER, if you have attended more than 3 workshops (this workshop makes your 4th), you will be registered in order of arrival beginning on Wednesday, February 1 (provided space is available) UNLESS you are bringing a first time participant, then those two will be registered together when the registration form arrives. Please mail both forms together. **Thus, preference will be given to new, second and third time applicants and those who have attended more than 3 times and bring a new applicant.** All registration forms must be mailed. Walk-ins will not be accepted.

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

If this is your 4th or more workshop and are bringing a 1st time participant or a 1st timer that is attending with a 4 or more participant, please list both parties names. (skip this if it does not pertain to you)

Times attended: Name:

1st _____

4 or more _____

Please Print

Name _____

Address _____

City/State/Zip _____

Phone: Evening (_____) _____

Day or Cell: (_____) _____

E- Mail: _____

Circle One:

Night Owl Morning Glory Sleepy Hollow
(Stay Up Late 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)

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 _____.

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 – if your 1st choice is full you will be placed in your next chosen class that is available.

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. Edible Talk
- ____ 4. Intro to Archery
- ____ 5. Kayaking 101
- ____ 6. Louisiana Wood 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. Dutch Oven Cooking 101
- ____ 13. Basic Camp Cooking
- ____ 14. Gator Done
- ____ 15. Rifle Markswomanship
- ____ 16. Intro to Shotgun
- ____ 17. Hunting with Woman's Best Friend
- ____ 18. The Life of a Fur Trader
- ____ 19. Intro to Fishing

Session III Saturday 1:30 pm - 5 pm

- ____ 20. Compass Skills
- ____ 21. Bow Fishing
- ____ 22. Basic Handguns
- ____ 23. Living with La. Wildlife
- ____ 24. Backyard Wildlife
- ____ 25. Got Fur ?
- ____ 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. Wilderness First-Aid
- ____ 32. Falconry
- ____ 33. Boating/Trailering
- ____ 34. Beginning Fly-fishing
- ____ 35. I Can Can & You Can, Too
- ____ 36. Caught on Camera !
- ____ 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 \$200 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, **except for women who have attended more than 3 BOW workshops and as described on the first page of this form.** 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 10, 2017. If you cancel by March 10, 2017 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 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 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: (_____) _____

Emergency Contact: _____ Phone: (_____) _____

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