

# 34<sup>th</sup> Becoming an Outdoors-Woman Workshop

## March 21-23, 2025-Registration Form

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

**REGISTRATION PROCESS:** Everyone may begin to mail their registration form on Jan. 25<sup>th</sup>, 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 4<sup>th</sup> you are considered a REPEAT), you will be registered in order of arrival beginning on Wednesday, February 3<sup>rd</sup> (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. Preference will be given to the new, second, and those who have attended 3 or more times that brings a NEW applicant. **All registration forms must be mailed. Walk-ins will not be accepted.**

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

If you are a Repeat (see above) and are bringing a 1<sup>st</sup> time participant OR a 1<sup>st</sup> time participant that will be attending with a Repeat, please list both parties names.

**(SKIP this if it does not pertain to you)**

Times attended: Name:

1<sup>st</sup>

4 or more (Repeat)

### SESSIONS ----- READ Course Description First

List 1-9 for each session – if your 1<sup>st</sup> 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. I Can Can & You Can, Too
- \_\_\_ 5. Kayaking 101
- \_\_\_ 6. Louisiana Wood Carving
- \_\_\_ 7. Backpacking 101
- \_\_\_ 8. Game Cleaning
- \_\_\_ 9. Fowl Language

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

- \_\_\_ 10. Outdoor Photography
- \_\_\_ 11. Power Up Your Equipment
- \_\_\_ 12. LA Trapping **(NEW!)**
- \_\_\_ 13. Basic Camp Cooking
- \_\_\_ 14. Birding Basics
- \_\_\_ 15. Rifle Markswomanship **(PRE-REQ BBOW)**
- \_\_\_ 16. Intro to Shotgun
- \_\_\_ 17. Living with La. Wildlife
- \_\_\_ 18. The Life of a Fur Trader
- \_\_\_ 19. Intro to Fishing

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

- \_\_\_ 20. Gator Done
- \_\_\_ 21. Flint Knapping
- \_\_\_ 22. Basic Handguns
- \_\_\_ 23. Herpetology 101
- \_\_\_ 24. Landscaping for Wildlife
- \_\_\_ 25. Backwoods BlackSmithing **(NEW!)**
- \_\_\_ 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. 'Smokin' Traditional Style
- \_\_\_ 31. Wilderness First-Aid
- \_\_\_ 32. Falconry
- \_\_\_ 33. Boating/Trailering
- \_\_\_ 34. Beginning Fly-fishing
- \_\_\_ 35. Intro to Archery
- \_\_\_ 36. ATV/UTV Riding **(NEW!)**
- \_\_\_ 37. Basic Camping Skills
- \_\_\_ 38. Small Game Cleaning

\*\*\* **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 4X  
(If a 4X is not available we will substitute it with a 3X.)

**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, \_\_\_ Year; \_\_\_ no, or list your

Hunter Ed Certification Number \_\_\_\_\_, State \_\_\_\_\_

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

Special needs: (non-food) \_\_\_\_\_

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

*Regular Check In: 9 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 \$250** 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.

### **REFUND POLICY**

**CANCELLATION DEADLINE** is, March 10, 2025. If you cancel by March 10, 2025 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 [kcrabtree@wlf.la.gov](mailto:kcrabtree@wlf.la.gov) or fax it.

### **Make checks or money orders payable to:**

**LOUISIANA WILDLIFE AND FISHERIES FOUNDATION or LWFF**

Checks not written out to the foundation will be returned.

### **Complete and mail registration form with fee to:**

La. Dept. of Wildlife and Fisheries (BOW)

ATTN: Karen C. Edwards

368 Centurylink Drive

Monroe, LA 71203

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
insect repellant	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