



# KARE

## SMART ANGLER CLINIC

### PROPOSAL AND MATERIALS ORDER FORM

**Proposal Should Reach Headquarters  
ONE MONTH Prior to Clinic**

<b>Instructor's Name</b>			
<b>Street Address</b>			
<b>City/State/Zip Code</b>			
<b>Telephone/Fax/E-Mail Information</b>	daytime	evening	
	FAX	(E-mail)	
<b>Date Needed</b>			
<b>Person to Pick-Up</b>			
<b>Date to Pick-Up</b>			
<input type="checkbox"/> <b>Check to Ship UPS</b>			

<b>CLASS DATES AND FORMATS</b>							
DATE	COUNTY	Class Type <i>Check (1) for Each Date</i>			No. In Clinic	Location/Sponsor	Age Range
		2 ½ Hour	6 Hour	Camp Club			
<b>MATERIAL</b>						<b>Quantity Ordered</b>	<b>Quantity Shipped</b>
Fishing Getting Started - (6 Hour and Club Camp)							
2 ½ Hour Packet							
Smart Card - (6 Hour only)							
Number of Spin Cast Outfits Needed							
<b>OTHER ITEMS: (List Below)</b>							

<b>Packed/Shipped By</b>		<b>Date</b>	
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*Return Mailing Address*  
 Pennsylvania Fish and Boat Commission  
 Bureau of Boating and Education  
 PO Box 67000  
 Harrisburg, PA 17106-7000  
 FAX: (717-705-7831)