MIAMI WHITEWATER
FISHING DAY

SCHOOL _____COACH_____

E-Mail_____PHONE_____

PLEASE FILL IN THE NAMES OF THOSES ATHLETES THAT WILL ATTENDING THE FISHING DAY. **PLEASE FAX OR E-MAIL THIS TO THE HCSO OFFICE.**

ATHLETES NAME

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ALL ATHLETES MUST HAVE A CURRENT APPLICATION (MEDICAL) FORM IN OUR OFFICE