

**LAKE ISABELLA
FISHING DAY**

SCHOOL _____ COACH _____

E-MAIL _____ PHONE _____

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

ATHLETES NAME

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