



GONE FISHIN'

Optimist Kids Fishing Day

Saturday, July 24



Hosted by: Farmington/Farmington Hills Breakfast Optimist Club

With support from Farmington Hills Special Services and Farmington Youth Assistance

WHERE: Location to be announced

COST: \$15 per child
(Includes snack and rod & reel)

WHO: Boys & Girls, ages 4 and up

REQUIRED: Sunglasses, Hat,
& Parent Supervision

REGISTER @ THE COSTICK CENTER (28600 Eleven Mile Road, Farmington Hills, MI 48336)

SESSION 1: 9:00 A.M. - 11:00 A.M. Program #: 310541-01

SESSION 2: 11:00 A.M. - 1:00 P.M. Program #: 310541-02

Registration Deadline: July 16, 2010 - Registration is limited to first 20 kids/session!

FOR MORE INFORMATION, CALL 248-473-1800 or Email ttneal@sbcglobal.net

Come join the Farmington/Farmington Hills Breakfast Optimist Club as they host the 2nd Annual "GONE FISHIN' Optimist Kids Fishing Day." Kids Fishing Day offers children (and their parents) the opportunity to learn proper fishing techniques, practice casting, enjoy catch & release fishing, kid's receive a high-quality rod and reel, plus spend quality time outside recreating. More fishing information found at the Heritage Park Nature Center.



REGISTRATION FORM

HOUSEHOLD/PRIMARY ADULT CONTACT:

Resident Non-resident
(Add \$5/class)

Last Name: _____ First Name: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Emergency Phone: () _____

Last Name	First Name	DOB	Grade	Gender	Class #	Activity Name	Fee
1.							

Visa MasterCard Expiration Date: Mo ____ Year ____ Card Number: _____

Authorized Signature: _____

By accepting my registration in the above programs, I hereby understand that I release my rights or claims for damages that I may have against the City of Farmington Hills through which this program is conducted or its instructors or City staff. I will also adhere to the refund policy. For more information, visit www.fhgov.com or call 248-473-1800 Monday through Friday, from 8:30 am to 4:30 pm. FAX: 248-473-1801.

Date: _____ Participants Signature: _____ (Guardian signature for minors)

Make checks payable to Farmington Hills Special Services and mail to: Registration, Farmington Hills Special Services, 28600 Eleven Mile Road, Farmington Hills, MI 48336. CHECK OR MONEY ORDER MUST EQUAL EXACT AMOUNT OF THIS REGISTRATION.



The City of Farmington Hills welcomes individuals with disabilities into programs. Please describe any accommodations needed for successful inclusion in the program(s). _____