

AED Instructor Post Request *Only complete this form if you need a calendar*

or volunteer recruitment post. All fields are required.



Request for: TPWD Public Calendar Post Volunteers: Number of volunteers:						
EVENT INFORMATION:						
Group/Instructor Requesting Post						
Event Contact Name:						
Email:	Phone:		Ext:			
Class/Event Name:						
Event Type (Check all that apply. Pr	ovide additional details as nee	ded in the description field	below):			
Conventional Fishing Class	Fly Fishing Class	Waterside fishing	g event / fishing derby			
Backyard Bass	Exhibit/Info Booth	□ Exhibit/Info Booth □ Other Outreach (Provide details				
Event Date(s):		Is this a re	ecurring event?: \Box Y \Box N			
Event Start/End Times:	Volunteer Start/End Times:					
Event Location (Facility Name):						
Street Address:						
City:	_, TX Zip:	County:				
Anticipated Audience Ages:	Ni	umber of Participants:				
Will unaccompanied children be pe	ermitted?	a free event? 🗆 Y 🗌 N ((If <i>No</i> explain fees below)			
Will preregistration be required?	$\exists Y \Box N$ (If <i>Yes</i> include reg	istration information bel	low)			
Event Website/URL:						
EVENT DESCRIPTION:						
Provide a short description to help						
place, what attendees need to be a	aware of or bring, what volu	inteers will be doing, and	d any other relevant notes:			

Please return completed form to AnglerEdu@tpwd.texas.gov

FOR TPWD USE ONLY: Posted to	Plone Samaritan	Date Posted:	By:
PWD 1467-K0700 (4/23)	Texas Parks and Wildlife Department maintains the information collected through this form. With few exceptions, you are entitled to be informed about the information we collect. Under Sections 552.021 and 553.023 of the Texas Government Code, you are also entitled to receive and review the information. Under Section 559.004, you are also entitled to have this information corrected. For assistance call 800-792-1112		