

ANGLER EDUCATION REQUEST FOR LITERATURE FLY FISHING



Submit Completed Supply Order Form Via:

Mail: Texas Parks & Wildlife Department <u>Email:</u> <u>AnglerEdu@tpwd.texas.gov</u>

Angler Education 4200 Smith School Road Austin, TX 78744 Phone: 512-389-8183 Fax: 512-389-8673

Order Date*:	Preferred Delivery Date:					
Lead Instructor: E	mail:			Phone:		
Shipping Information:	Event Information:					
Name:	Class / Event Date(s):					
Street Address 1:	Start Time: End Time:					
Address 2:	Class / Event Name:					
City:, TX	Location (Facility Name):					
Zip:	Address:					
Promotion and Recruitment:	City:					
	County: Zip:				:	
Post on TPWD Calendar of Events? □Yes □No	Class / Event Contact Phone:					
Do you need volunteers? □Yes □No						
If yes to either, complete Pg2: AED Request for Post	Class / Event Contact Email:					
Class/Event Type:						
□Beginning □Intermediate □Beg/Int Com	mbo □Fly Fishing Outreach □Specialty Clinic					
	Ideal for Class Ty					
Items requested: (See descriptions in online catalog)	Quantity	Beginning Intermediate Outreach Comm		Comments		
Beginning Fly Fishing Certificate		✓				
Beginning Fly Fishing Pin		✓				
Basic Fly Fishing Book		✓	✓			
Learn to Fish: A Basic Guide for the Beginning Angler (Ages 10 and up)		✓	✓			
Outdoor Annual Digest (order class sets when possible)		✓	✓			
Outdoor Annual App Card		✓	✓	✓		
Laminated Fish ID Card (Freshwater/Saltwater combined)		√	✓	✓		
Common Sunfish ID Card		√	✓	✓		
Fish ID Pocket Guides (Ages 12 and up) □ Freshwater - OR - □ Saltwater			√			
Intermediate Fly Fishing Certificate			✓			
Intermediate Fly Fishing Pin			✓			
Plastic Catch-a-Smile Bag		✓	✓	√		
Angler Education Program Brochure (for adults)		✓	✓	✓		
Other:						
Other:						
For TPWD Sent to WH: Opportunity Name:				Filled by:	Ship Date:	

*Please look for a confirmation email from AnglerEdu@tpwd.texas.gov within 3 days of submitting your request.





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. Provide additional details as needed in the description field below):									
☐ Conventional Fishing Class	☐ Fly Fishing C	lass	☐ Waterside fis	hing event / fishing derby					
☐ Backyard Bass	☐ Exhibit/Info	Booth	☐ Other Outrea	ch (Provide details below)					
Event Date(s):	Is this a recurring event?: ☐ Y ☐ N								
Event Start/End Times:	t Start/End Times:Volunteer Start/End Times:								
Event Location (Facility Name):									
Street Address:									
City:	, TX Zip:		_ County:						
Anticipated Audience Ages:		Nun	nber of Participants	:					
Will unaccompanied children be permitted? \square Y \square N Is this a free event? \square Y \square N (If <i>No</i> explain fees below)									
Will preregistration be required? \square Y \square N (If Yes include registration information below)									
Event Website/URL:									
EVENT DESCRIPTION: Provide a short description to help place, what attendees need to be a									
Please return completed form to A									
FOR TPWD USE ONLY: Posted to	Plone Samaritan	Date Posted:		By:					