



**SOUTH SOUND CHAPTER  
PO BOX 1002  
Olympia, WA 98507**

**Fish-In 2021 Registration**

**Youths Name** \_\_\_\_\_

**Age** \_\_\_\_\_

**Parent or Guardian** \_\_\_\_\_

**Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**Time Preference\***      \_\_\_\_\_                      \_\_\_\_\_  
   **1<sup>st</sup> choice**                                      **2<sup>nd</sup> choice**

\* Hourly, 9:00, 10:00, 11:00 or 12:00 noon

Return to: [WEBMASTERISSCPSA@gmail.com](mailto:WEBMASTERISSCPSA@gmail.com)