

# GET HOOKED ON FISHING NOT ON DRUGS BACK FOR ITS 18TH SEASON

7 to 12 Year Olds - Parent/Guardian required  
13 Years Old and up - Parent/Guardian not required

## COPY OF STATE ISSUED BIRTH CERTIFICATE REQUIRED AT TIME OF REGISTRATION

The EHT Parks and Recreation Department along with the EHT Municipal Alliance, have once again hooked up to sponsor the 'GET HOOKED ON FISHING NOT DRUGS' fishing trips. The trips will be aboard the "STARFISH" out of Sea Isle City. The program is held from 11:00 a.m. until 6:00 p.m., unless otherwise noted.

Trip dates are as follows:

TRIP #975	Saturday	06/12/10	TRIP #978	Sunday	09/19/10
TRIP #976	Monday	07/19/10	TRIP #979	Saturday	10/09/10*
TRIP #977	Thursday	08/05/10			

**\* The October 9, 2010 trip will depart the EHT Municipal Building at 8:00 a.m. and return at 4:00 p.m.**

**COST: \$10.00** per participant per trip. Parent \$5.00 if going.

**SPECIAL NOTE** - Due to the demand we must limit it to one parent/guardian per family.

**SPACE IS LIMITED \* REGISTER EARLY \* FIRST COME \* FIRST SERVE  
THIS PROGRAM IS OPEN TO EGG HARBOR TOWNSHIP RESIDENTS ONLY.**

Date: \_\_\_\_\_  
 Amt Paid: \_\_\_\_\_  
 Child: \_\_\_\_\_  
 Adult: \_\_\_\_\_  
 CK #: \_\_\_\_\_  
 Cash: \_\_\_\_\_  
 Initials: \_\_\_\_\_  
 Trip Registered For:  
     All Trips  
     #975  
     #976  
     #977  
     #978  
     #979

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## EGG HARBOR TOWNSHIP PARKS AND RECREATION GET HOOKED ON FISHING NOT DRUGS APPLICATION FORM

**Circle Trip # and Date or if going on all trips, just circle "All Trips"**

<b>ALL TRIPS</b>			TRIP #977	Thursday	08/05/10
TRIP #975	Saturday	06/12/10	TRIP #978	Sunday	09/19/10
TRIP #976	Monday	07/19/10	TRIP #979	Saturday	10/09/10*

**PLEASE PRINT**

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Age: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Going on trip: Yes No

Address: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

email address: \_\_\_\_\_

**Office Use Only**

Date Paid: \_\_\_\_\_ C.C.: \_\_\_\_\_ Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Birth Certificates Checked or Received: \_\_\_\_\_ Initials: \_\_\_\_\_