

The Ursuline Retreat & Conference Centre Women's Fly Fishing Clinic 2300 Central Avenue | Great Falls, MT 59401 (406) 452-8585 | information@ursulinecentre.com www.ursulinecentre.com

REGISTRATION FORM

2024 Circle Des Clinia Determ	
2024 Single Day Clinic Dates:	
1-Day Clinic	
Sunday, May 19, 2024	
Registration Deadline: May 4, 2024	
Date:	
Name:	
Address: State:	Zip:
Email Address:	
Cell Phone Number:	_
Emergency Contact:	Relation:
Phone Number:	
Meals	
Continental breakfast, snacks, beverages and lunch to be provided	and is included the
cost of the program.	and is meraded are
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The Ursuline Centre is able to provide meals for those with dietary	restrictions. Please
indicate if you require a meal that is:	
☐ Gluten Free ☐ Vegetarian ☐ Vegan ☐ All	ergies:
Equipment Required	
Are you a Montana Resident:YesNo	
If Yes, do you currently have a Montana fishing and conservation	liconso:
Yes No	ncense.
(A Montana fishing license is required to participate in the f	ishing clinic)
(,	isimig emine).
Do you own or have use of a 5/6 weight fly rod and reel and WF	line:
Yes No	

Do you own or have use of waders or muck boots?YesNo
The Ursuline Centre has a limited number of rod/reel combos and waders or boots to loan out free of charge—first come, first serve. If you think you'll need some loaner equipment, let us know and we'll get you lined out with the proper gear!
We also offer overnight accommodations
Registration, Deposit, Cancellation
The cost of the one-day clinic is \$225.00 A \$50 deposit is required upon registration to reserve your place in the clinic. The remaining balance is due on the first day of the clinic.
Cancellations made at least 15 days prior to the scheduled date will receive a full refund. Cancellations made within 14 days prior to the scheduled date will forfeit their deposit and/or any fees paid up until that time. If we have to cancel a trip for reasons beyond our control (weather/conditions), you will receive a full refund. In most situations, we will reschedule the program on a mutually available date.
To register, you can either fill out his form and mail or email it back to us or call us at (406) 452-8585 and we can take your registration over the phone.
Payment Method:Credit Card Check (Check Number:)
Type of Credit Card:Visa Mastercard DiscoverAMEX
Name on Credit Card: Credit Card Number:
Credit Card Number: CVS Code:

Email: information@urslinecentre.com

Amount Paid: \$_____ Date:____

Phone: (406) 452-8585

Website: www.ursulinecentre.com