**Application to undergo fly fishing lessons.**

|  |  |
| --- | --- |
| Name |  |
| Address |  |
| Contact Phone no. |  |
| Email |  |
| Have you a Fly Rod, reel and line? | Yes/No |
| What type of rod do you own - double/single handed ? |  |
| Have you ever used it and if yes what difficulties if any have you experienced. | Yes/No |
| What discipline of fly fishing do you wish to learn? |  |
| Any special request you may have. |  |
| Day of week preferred(please note that the day will be at the discretion of instructors) but will try and facilitate as best we can |  |