

FISHING PROGRAM PLAN

Please complete all sections of this plan. This plan **MUST** accompany a General Permit Application.

PLEASE PRINT LEGIBLY

A. DESCRIBE IN DETAIL THE FISHING PROGRAM BEING UNDERTAKEN IN NON-TIDAL WATERS OF BC:

B. NAME OF FISHING PROGRAM CO-ORDINATOR(S):

C. FISHING PROGRAM AUTHORIZED BY:

D. PARTICIPANTS OF FISHING PROGRAM ARE (Check applicable box):

- minors
- persons with physical disabilities
- persons with mental disabilities

Total # of participants: _____

E. NAME(S) OF THOSE ACCOMPANYING FISHING PROGRAM PARTICIPANTS:

1. _____

2. _____

3. _____

F. LOCATION OF NON-TIDAL WATERS THE FISHING PROGRAM WILL BE UNDERTAKEN IN:

Region _____ Name of non-tidal water _____

Region _____ Name of non-tidal water _____

Region _____ Name of non-tidal water _____

Region _____ Name of non-tidal water _____