

# FISHING LICENSE INFORMATION 2010

Party Name: \_\_\_\_\_ Lake: \_\_\_\_\_ Vacation Date: \_\_\_\_\_

\*If you can help speed up the check in process please fill in this fishing license information, fax this form to  
 1-705-899-2155 two weeks prior to arrival. Thank you!  
 (Children under the age of 18 do not require licenses.)  
 Please FAX between 8AM and 6PM EST only!!!!

Name:		Name:	
Address:		Address:	
City:		City:	
State/ Prov:	Zip/ Postal code:	State/Prov:	Zip/ Postal code:
Height:	Color eyes:	Height:	Color eyes:
Date of birth: Y ____ M ____ D ____		Date of birth: Y ____ M ____ D ____	
Name:		Name:	
Address:		Address:	
City:		City:	
State/ Prov:	Zip/ Postal code:	State/Prov:	Zip/ Postal code:
Height:	Color eyes:	Height:	Color eyes:
Date of birth: Y ____ M ____ D ____		Date of birth: Y ____ M ____ D ____	
Name:		Name:	
Address:		Address:	
City:		City:	
State/ Prov:	Zip/ Postal code:	State/Prov:	Zip/ Postal code:
Height:	Color eyes:	Height:	Color eyes:
Date of birth: Y ____ M ____ D ____		Date of birth: Y ____ M ____ D ____	
Name:		Name:	
Address:		Address:	
City:		City:	
State/ Prov:	Zip/ Postal code:	State/Prov:	Zip/ Postal code:
Height:	Color eyes:	Height:	Color eyes:
Date of birth: Y ____ M ____ D ____		Date of birth: Y ____ M ____ D ____	

