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
☐ physically disabled
☐ mentally disabled

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 ____________________________________________

Last updated: 12-09-10