



**Governor's Fishing Opener Event
Fishing Host Background Information**

Please complete the following:

Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Phone _____

Fax _____

Email _____

Social Security Number _____

Driver's License Number _____

Type/Size of Boat _____

Boat License Number _____

Do you have a current Coast Guard License? _____

I certify that I carry liability insurance on my boat. _____

Please provide the number of people your boat is rated for: _____
(you must be able to take a minimum of 2 people in your boat to be a fishing host)

I agree to provide a safe and working boat, motor, and safety equipment required by Minnesota laws.

Please outline a short biography: (place of work, favorite hobbies, fishing experience, etc)

Jacket size: S M L XL XXL XXXL (CIRCLE PREFERRED SIZE).

Signature _____ Date _____

Return signed form to
Brainerd Lakes Chamber PO Box 356 Brainerd, MN 56401
p.218.829.2838 f.218.822.7116

