



FISHING LICENSE INFORMATION

Group: _____ **Outpost Lake** _____

Date in _____ **Date Out** _____

****Do you have an Ontario Outdoors Card that is valid or has expired? If yes, please provide the 9 digits following 708158** _____

Name: _____

Address _____ **City** _____

State/Province _____ **Zip/Postal Code** _____

Email Address: _____ **Phone #:** _____

Eye Color _____

Height in Feet/Inches _____

Date of Birth: _____
(YYYY/MM/DD)

Please check license requested:

Conservation Fishing 8 Day _____

Conservation Fishing 1 Year _____

*Please print clearly