**Expression of Interest for Gwabalis Fisheries Training**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Band Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Male**\_\_\_\_ **Female**\_\_\_\_\_ **DOB**: \_\_\_\_\_\_\_\_\_\_\_\_**Phone#**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Face Book Messenger:** Yes\_\_ No\_\_

**I am interested in the following Course(s) If other please specify**

SVOP: ROC-M:

Stability: MED-A3:

MBFA: Knots and Lines:

Other:

 Fishing Masters Level: \_\_\_\_\_\_\_\_\_

**Consent & Release Form**

**I give my consent, for the Gwabalis Fisheries Group to interview, video, and or, photograph me, and to publish pictures of me. To use my personal information for the Gwabalis Fisheries promotional materials, programs, newsletters, electronic and printed materials including posters, brochures, news articles, reports and websites, without payment of any fee or consideration of me.**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**