

MANSFIELD FISH AND GAME PROTECTIVE ASSOCIATION

TRAINING REPORT

Student Information (Please print):

Last Name	First Name	Middle Init.	Date of Birth	MFGPA Member?
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Instructor Information:

Instructor Name:	
Instructor Signature:	
Date(s) of Training:	
Course Title:	

This form, along with Liability Waivers and facilities use fees should be submitted to the MFGPA Board of Directors in a timely manner. Please contact the Board with any questions or concerns.
bod@mansfieldfish.com