2013 Summer Questionnaire

(Scheduling will be done by returned questionnaire only)

Name of Organization _____

Contact Person _____

Mailing Address/Zip Code _____

Phone Number of Contact Person (Include Cellular #) _____

Fishing Trips: Number of trips you are requesting _____

Requested Dates (Each group is guaranteed one trip and group will be placed on a waiting list for any additional trips)

1st Choice _____

2nd Choice _____

3rd Choice _____

Is your group interested in the aquarium tour after fishing? Yes _____ *No* _____

Your group will be sent a confirmation letter once your trip is scheduled.

Return to:
S.F. Police Youth Fishing Program
Attn: Of. Bob Ford
Park Police Station
1899 Waller Street
San Francisco, CA 94117