



Capital City Fishing Has No Boundaries®

Participant Special Needs Form

The Capital City Chapter of Fishing Has No Boundaries® wants to make your experience as enjoyable as possible. If you have any medical, dietary, allergen, or special needs that you feel are necessary for the event planners and staff to accommodate or be aware of please provide the information below.

Participant Name: _____

Disability: _____

Special Needs or Accommodations: _____

Other: _____

Printed Name: _____ Signature: _____ Date: _____

(Form must be signed by Participant or Legal Guardian)

Return Form to:
Capital City FHNB
111 E. Walnut St. #561
Chatham, IL 62629

Additional information and forms are available at:
CapitalCityFHNB.org