



The Ursuline Retreat & Conference Centre
 Women's Fly Fishing Clinic
 2300 Central Avenue | Great Falls, MT 59401
 (406) 452-8585 | information@ursulinecentre.com
www.ursulinecentre.com

REGISTRATION FORM

2025 Two-Day Clinic Dates:

_____ 2-Day Clinic
 Saturday, Sunday, May 24-25 2025
 Registration Deadline: May 15, 2025

_____ 2-Day Clinic
 Saturday, Sunday, October 18-19, 2025
 Registration Deadline: October 2, 2025

Date: _____

Name: _____

Address: _____ State: _____ Zip: _____

Email Address: _____

Cell Phone Number: _____

Emergency Contact: _____ Relation: _____

Phone Number: _____

Meals

Day 1: Continental breakfast, lunch and dinner

Day 2: Breakfast, lunch

The Ursuline Centre is able to provide meals for those with dietary restrictions. Please indicate if you require a meal that is:

Gluten Free Vegetarian Vegan Allergies: _____

Equipment Required

Are you a Montana Resident: _____Yes _____No

If Yes, do you currently have a Montana fishing and conservation license:

_____Yes _____No

(A Montana fishing & conservation license is required to participate in the fishing clinic).

Do you own or have use of a 5/6 weight fly rod and reel and WF line:

_____Yes _____No

Do you own or have use of waders or muck boots?

Yes No

The Ursuline Centre has a limited number of rod/reel combos and waders or boots to loan out free of charge—first come, first serve. If you'll need some loaner equipment, let us know and we'll get you lined out with the proper gear!

We also offer overnight accommodations for out of town registrants! Please inquire for details.

Registration, Deposit, Cancellation

The cost of the one-day clinic is \$450.00 A **\$100 deposit** is required upon registration to reserve your place in the clinic. The remaining balance is due on the first day of the clinic.

Cancellations made at least 15 days prior to the scheduled date will receive a full refund. Cancellations made within 14 days prior to the scheduled date will forfeit their deposit and/or any fees paid up until that time. If we have to cancel a trip for reasons beyond our control (weather/conditions), you will receive a full refund. In most situations, we will reschedule the program on a mutually available date.

To register, you can either fill out his form and mail or email it back to us or call us at (406) 452-8585 and we can take your registration over the phone.

Payment Method: Credit Card Check (Check Number: _____)

Type of Credit Card: Visa Mastercard Discover AMEX

Name on Credit Card: _____

Credit Card Number: _____

Expiration Date: _____ CVS Code: _____

Amount Paid: \$ _____ Date: _____

Email: information@ursulinecentre.com

Phone: (406) 452-8585

Website: www.ursulinecentre.com