



OUR 47th YEAR 2017 TROUT UNLIMITED FLY FISHING SCHOOL RESERVATION FORM

Please make _____ (Indicate number) reservations at the **June 9 – 11th, 2017** Fly Fishing School for the individual(s) indicated below. I have circled the status of each: Adult, Spouse or Child (please indicate age of children). Please send full payment to guarantee your reservations. If you should cancel your reservation on or after May 9th (30 days before the school), **your full fee will be forfeited** unless you find a replacement(s) to fill your reservation. Under no circumstances will payments be carried forward to a future school.

1. _____ A/S/C
2. _____ A/S/C
3. _____ A/S/C

Check Plan: [] (A) Meals &.Lodging [] (B) Meals Only

PLAN A: The cost per person is based on the number of people per room. By sharing your room with another person, you can reduce your cost.

Number per Room	*1	2	3
Student	_____ \$649	_____ \$554	_____ \$554
Nonstudent		_____ \$405	_____ \$405

*SINGLES AND LATE ENROLLEES WILL BE HOUSED AT A NEARBY MOTEL
*ADVANCED STUDENTS WILL HAVE AN ADDITIONAL \$100 FEE FOR SUPPLIES.

PLAN B (No lodging): _____ Student \$484
_____ Campsite/2 Nights \$75

My check made payable to TU Fly Fishing School for \$_____ is enclosed. Please send to:

TU Fly Fishing School
P.O. Box 402
Adrian, MI 49221
Phone 517-442-2926
Fax 517-265-8068
Email registration@tuffs.org

Send confirmation to: _____
