

CAI Pre-course Participant Information



Last Name	First Name	Nick Name
Home Street Address	City	State & Zip
E-Mail (print clearly please)	Home &/or Business Phone#	Cell Phone#
Home Council	Registered as	Registration #

Purpose for taking CAI training:

Are you a - Fishing / Fly Fishing / Fish & Wildlife Mgmt. Merit Badge Councilor? (Circle those you are)

Rate Fishing Proficiency

	Experienced				Never
Spin Fishing (Open or Closed)	5	4	3	2	1
Bait Casting	5	4	3	2	1
Fly Fishing	5	4	3	2	1
Tenkara	5	4	3	2	1

Rate Experience in Fishing These Waters

Rivers / Streams	5	4	3	2	1
Ponds / Lakes	5	4	3	2	1
Saltwater	5	4	3	2	1
Ice	5	4	3	2	1