GROUP-FISHING REQUEST FORM



FOR DEPT. USE ONLY
Date____/___/__
Initials _____

NEW MEXICO DEPARTMENT OF GAME & FISH FIELD OPERATIONS DIVISION SPECIAL USE PERMITS PROGRAM P.O. BOX 25112 SANTA FE, NEW MEXICO 87504

(505) 476-8064 / Fax (505) 476-8133 Email: DGF.Permits@state.nm.us

NAME OF FACILITY			
FACILITY DIRECTOR			
FIELD TRIP COORDINATOR			
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE		FAX	
EMAIL		WEBSIT	E
GI	ROUP-FISHING FIELD	TRIP DETA	ILS
ESTIMATED NUMBER OF PA	RTICIPANTS FISHING		
DATE OF FISHING TRIP			
LOCATION OR BODY OF WATER			
restricts the movement in both arms or hav Rules & Information Booklet – Mobility-In Mentally handicapped persons; excerpt fro "developmental disability" means a disabili- dysfunction which requires treatment or ha	mpaired] m the Mental Health and Developi ity of a person which is attributable	mental Disabilities (e to mental retardati	on, cerebral palsy, autism or neurological
Definitions [32A-6A-4 NMSA 1978] H. "c (1) is attributable to a mental or phys (2) is manifested before a person rea (3) is expected to continue indefinite (4) results in substantial functional li (a) self care; (b) receptive and expressiv (c) learning (d) mobility	ne Children's Mental Health and D developmental disability" means a sical impairment or a combination aches twenty-two years of age; ely; imitations in three or more of the form (e) so we language; (f) c (g) e	vevelopmental Disal severe chronic disa of mental or physic collowing areas of melf-direction apacity for indepen- conomic self-suffic	bilities Act: bility that: al impairments; aajor life activities: dent living, or iency;
	nbination and sequence of special, at are individually planned or coord		other supports and services that are of
I CERTIFY THAT THE CLIEN	TS OF THIS FACILITY N	MEET THE SE	T CRITERIA STATED ABOVE.
Field Trip Coordinator's Signa	ature	_	Date