



## Warriors and Quiet Waters Guide Application

Name:

Home Phone:

Cell Phone:

Email:

# of years you have been fly fishing:

Are you working as a guide now? Y N

Do you work for a company, independent, or both?

License #:

Have you ever guided anglers with special needs?

Why do you want to guide for Warriors and Quiet Waters?

*Please scan and email to [Lawrence@warriorsandquietwaters.org](mailto:Lawrence@warriorsandquietwaters.org) or print and mail to  
WQW/1087 Stoneridge Dr., Ste. 1/Bozeman, MT 59718*