

# **YORK & DISTRICT AMALGAMATION OF ANGLERS**

## **Park View Night Permit Application Form**

Please complete the details below and return it to the Treasurer as soon as possible.

I would like to apply for an Adult / Concessionary (please delete as appropriate) night fishing permit to fish Park View Lakes.

**NAME:**

**ADDRESS:**

**POST CODE:**

**TELEPHONE NUMBER:**

**CURRENT YORK DAA LICENCE NUMBER**

**I am over 18 years old. I agree to abide by ALL rules and conditions that the York and District Amalgamation of Anglers may place on Park View Lake and take part in the required number of Work Parties during the year to improve fisheries.**

**SIGNATURE:**

**DATE:**

**Please enclose TWO 'passport sized' photographs of yourself and return to The Treasurer, York DAA, 151 Pottery Lane, YORK YO31 8SN.**

**Please DO NOT enclose any money.**

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For Official Use Only

Received on     /     /

Permit Number

Comp Entry

Amount Due   £

Photos

Payment Received