

RICK CLUNN'S  
ADVANCED ANGLING SCHOOLS

BASIC COURSE CURRICULUM

The Basic Course will be heavy on redeveloping awareness skills and individual self reliance in understanding and locating bass. Rick will teach the importance of these skills as related to developing and becoming a complete angler. The Basic Course is required in order to attend future more topic specific courses. Like the "Angler's Quest Course" this school is not for everyone. It is a unique approach to balancing the intellectual and intuitive elements of angling. There will be a large emphasis on understanding the three distinct levels of locating fish. We will help and challenge each student to overcome their toughest mental obstacles. Achieving Peak Performance is one of our main goals. There is no other Angling School like this. It is advanced and designed to push the envelope on what is presently consider to be the known in the angling world. The main purpose of the basic course is to reawaken your intuitive abilities and the vast reservoir of knowledge that lies within. "The intellect is often wrong but pure intuition is never wrong!"

Two students from each School will be invited to practice with Rick Clunn during one of the 2008 B.A.S.S. events.

ENROLLMENT INFORMATION

School dates: November 2-6, 2008: Lake Amistad, TX.

- (1) Classes will be limited to first 50 students.
- (2) Cost: \$525 per student for past and current Angler's Quest students (4 Volume magazine Course). \$565 per student for new students.

This includes Four lecture and awareness exercise filled days. Students are responsible for their rooms, meals, and travel arrangements. Check Housing information below.

- (3) You have to be 16 years or older to attend this class. A parent or immediate relative must accompany anyone under 18.
- (4) We request a personal photo be included with application.

#### HOUSING/ROOMS:

Lake Amistad, TX: Del Rio, TX. Lake Amistad: Students must stay at Amistad Lake Resort. Contact: 1-800-775-8591 or [www.Amistadlakeresort.com](http://www.Amistadlakeresort.com) for reservations.

#### TO APPLY:

Complete the application form with your \$200 NONREFUNDABLE deposit. We accept personal checks, Traveler Checks, or Money Orders, as long as they are drawn on a US bank. The entire deposit is applied toward tuition. Make payments payable to Rick Clunn's Angler's Quest.

Angler's Quest  
RT. 5 Box 772  
Ava, MO. 65608

Email: [rick4clunn@hughes.net](mailto:rick4clunn@hughes.net).

#### UPON ACCEPTANCE:

Once we receive your application, you will be sent a letter of acceptance within six weeks that will contain travel instructions, a clothing and equipment list, and general information. Students are to arrive between 8 am and 12 noon on first day of enrolled School. Remaining tuition must be paid in full by Sept. 15, 2008. The Angler's Quest School is not responsible for accommodations needed before or after the class. Travel arrangements are the STUDENT'S responsibility.

CLASS APPLICATION:

Class Name: \_\_\_\_\_ Class Date: \_\_\_\_\_

Name (Last, First, Middle): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Country: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Business Phone# \_\_\_\_\_

Occupation: \_\_\_\_\_ male/ female/ married

What do you desire most to learn from school?

How did you learn about Rick Clunn's Angler's Quest Schools?

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HEALTH AND EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home, Business, Cell # or #s: \_\_\_\_\_

Primary Physician and Phone #: \_\_\_\_\_

Dietary and /or Allergy

Concerns: \_\_\_\_\_

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Any pertinent medical conditions, information, and medications we need to be aware of: \_\_\_\_\_

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PRE-REGISTRATION INFORMATION:  
RELEASE WAIVER:

In all classes, demonstrations, and excursions conducted by Rick Clunn, Angler's Quest, Clunn's Classic Enterprises, Inc., ( hereinafter, Angler's Quest, Inc.), and Rick Clunn , individually, reasonable care is taken to prevent serious injuries and to minimize accidents. The STUDENT states the he/she is fully aware that survival, awareness, philosophy, and angler training, even under the safest conditions possible may be dangerous, and the STUDENT hereby agrees to accept full responsibility and assume all risks, including those caused by acts of God, injury, death, and/or loss to his/her person and/or property knowingly and voluntarily. The STUDENT agrees to obey the rules and regulations that the Angler's Quest, Inc. puts into effect to minimize these risks.

The STUDENT knowingly, voluntarily, and irrevocably waives any and all past, present, and/or future injuries, death, or loss, including those caused by acts of God, received while participating in activities conducted by Angler's Quest, Inc. as a student, participant, spectator, and/or visitor, or in any other manner or form, taking part in the exercises, practices, excursions, and/or demonstrations of said survival, awareness, philosophy, and angler training. The STUDENT certifies that he/she is physically capable to participate in the said survival, awareness, philosophy, and angling training programs despite the rigors and dangers inherent in such an environment and undertaking. The STUDENT accepts all responsibility for any injury, death, and/or loss to his/her person or property, including by acts of God, for the rigors and dangers inherent in such an environment and in this undertaking. THE STUDENT ACKNOWLEDGES THAT THE USE OF VIDEO RECORDERS ARE PROHIBITED. The STUDENT releases to Angler's Quest, Inc. rights to use any photograph or video taken while participating in said survival, awareness, philosophy, and angling training, to be used as deemed by Angler's Quest, Inc., including advertising.

MY SIGNATURE BELOW INDICATES MY ACCEPTANCE OF THESE TERMS and my desire to participate in the Rick Clunn's Angler's Quest School.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent (If applicant under 18): \_\_\_\_\_ Date: \_\_\_\_\_

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OFFICE USE ONLY- DO NOT WRITE BELOW CLASS REGISTRATION INFO.

Paid to Date: \_\_\_\_\_ Balance Due: \_\_\_\_\_ Payment: \_\_\_\_\_

Type of Payment: \_\_\_\_\_

Signature: \_\_\_\_\_