

LIABILITY RELEASE: We have read and understand the rules and enclose the completed application and our entry fee payable to Joe Bass Team Trail LLC. By signing this application, we hereby waive, and release all other contestants, sponsors, and tournament officials from all claims from injury and/or damages incurred in connection with this tournament and/or any past or future tournaments. We further agree to abide by the Tournament Director's decision in all matters and agree there is not a right of appeal from their decision. In signing this application, I verify that I have boating liability insurance in the amount of \$100,000.00. By my entry I have read and understand the rules and agreements provided by Joe Bass Team Trail LLC. INCOMPLETE ENTRY FORMS WILL NOT BE ACCEPTED. PLEASE PRINT LEGIBALLY

**2025 Joe Bass Team Trail Invitational Entry Form**  
**Bucksaw - Truman Lake - October 17-18-19, 2025**  
**PAY BY USPS, PAY ON-LINE, PAY AT BANQUET**

☐ Division Champion      ☐ \$200.00 Entry Fee - **INCOMPLETE ENTRY FORMS WILL NOT BE ACCEPTED**

Boater Full Name: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SS #: \_\_\_\_\_

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

Partner Full Name: \_\_\_\_\_ Division: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SS #: \_\_\_\_\_

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

**PLEASE COMPLETE THE FOLLOWING INFORMATION**

CHECK ONE: BANQUET ATTENDANCE ☐ BOTH ☐ NEITHER ☐ ONE OF US

**You must complete the boat information to be eligible for any BONUS money.**

**Boat Information:** Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

**Outboard:** Make: \_\_\_\_\_ HP: \_\_\_\_\_ Year: \_\_\_\_\_

**FORM OF PAYMENT - Entry fee of \$200.00 includes Big Bass. Optional \$20.00 each day side pot is available.**

**Entry fee: \$200.00 without sidepot.  
\$240.00 with sidepot both days.**

☐ CASH      ☐ CHECK      ☐ CREDIT CARD

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

Amount Enclosed/Authorized:  
\$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Zip Code: \_\_\_\_\_

3 digit code on the back of your credit card: \_\_\_\_\_