

JOE BASS QUICK ENTRY FORM

Make checks payable to **JOE BASS TEAM TRAIL.**

fax # (816) 447-3957 - snail mail - e-mail - or bring to tournament.

We have read and understand the rules. In signing this application, we hereby waive, and release all other contestants, sponsors, government entities and their agents, and tournament officials from all claims from injury and/or damages incurred in connection with this tournament. 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. PLEASE PRINT. INCOMPLETE ENTRY FORMS WILL NOT BE ACCEPTED.

POINTS WILL BE APPLIED TO: _____ DIVISION.

BOATERS NAME: _____ **MEMBER** **NEW MEMBER** **ALTERNATE**

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SOCIAL SECURITY NUMBER: _____ **PHONE NUMBER:** _____

BOAT MFG: _____ **YEAR:** _____ **OUTBOARD:** _____ **YEAR:** _____

SPONSORS: _____

SIGNATURE: _____ **E-MAIL:** _____

PARTNERS NAME: _____ **MEMBER** **NEW MEMBER** **ALTERNATE**

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SOCIAL SECURITY NUMBER: _____ **PHONE NUMBER:** _____

SPONSORS: _____

SIGNATURE: _____ **E-MAIL:** _____

\$130.00 Entry Fee \$20.00 Side Pot \$50.00 Membership

COMPLETE THIS PAYMENT AREA

TEAM IS FISHING FROM A SKEETER BOAT? YES NO **YEAR** _____

AMOUNT PAID: _____ **CHECK** **CASH** **CREDIT CARD**

SIDE POT: YES NO

BOAT NUMBER

CREDIT CARD INFO: - use information collected above -

Staff will complete this.
3 digit code on back of card

NAME ON CARD: **BOATER** **PARTNER**

CREDIT CARD # _____ **EXP** _____ **CVV** _____