

# Annual Championship Tournament Application Form

Chapter Name: \_\_\_\_\_ Number: \_\_\_\_\_  
President's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

## **TEAM MEMBERS:**

1. Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
2. Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
3. Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
4. Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
5. Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
6. Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## **ALTERNATE TEAM MEMBERS:**

- A1 Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_
- A2 Full Name: \_\_\_\_\_ Bass #: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ SSN: \_\_\_\_\_ Will You Bring a Legal Boat? \_\_\_\_\_  
Exact CG Rating of Boat: \_\_\_\_\_ Motor: \_\_\_\_\_ Chapter Designated Boater: Yes / No  
Insurance Policy #: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

## **Instructions:**

Complete the form, giving full information. Assure your three chapter boaters have been designated. Circle the number opposite the name of your Team Captain. Return the form, Entry Fee, and Boaters Liability Policies pursuant to instructions. **Entry Fee is \$400 per 6-person team.** Please enclose check or money order made payable to Arkansas B.A.S.S. State Federation.

**ENTRY DEADLINE IS: July 31, 2008**