

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: September 30, 2006