



# OFFICIAL 2012 NYBCF TOURNAMENT ENTRY FORM v.1/12

## ✓ ANGLER INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

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

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

Social Security #: \_\_\_\_\_

Evening Phone#: \_\_\_\_\_

Day Time Phone#: \_\_\_\_\_

Cell Phone#: \_\_\_\_\_

B.A.S.S. Member ID Number: \_\_\_\_\_

Club Name: \_\_\_\_\_

Have you fished a NYBCF event before?  Yes  No

Do you have a valid NYS fishing license and other required licenses/permits?  Yes  No

Are you under doctor's care or required to take prescription medications?  Yes  No

If yes, please explain: \_\_\_\_\_

Do you have any physical impairments and/or allergies?  Yes  No

If yes, please explain: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: ( ) \_\_\_\_\_

Where will you be staying during the tournament? \_\_\_\_\_

## ✓ TOURNAMENT INFORMATION

**NOTE - ONLY ONE TOURNAMENT PER FORM**

Please indicate which tournament you wish to enter: \_\_\_\_\_

Tournament Date: \_\_\_\_\_

Division:  Boater / \$125  Non-Boater / \$75

Are you linking with a Non-Boater / Boater:  Yes  No

Name of linked Boater / Non-Boater: \_\_\_\_\_

Linked Boater / Non-Boater's B.A.S.S. Member #: \_\_\_\_\_

## ✓ BOAT INFORMATION *(if applicable)*

Boat Make: \_\_\_\_\_ Boat Model: \_\_\_\_\_

Motor Make: \_\_\_\_\_ Motor HP: \_\_\_\_\_

Boat Length: \_\_\_\_\_ Boat Color: \_\_\_\_\_

Boat Registration #: \_\_\_\_\_

During the official practice and competition days of any NYBCF tournament, no competitor may operate a boat unless that contestant has documented proof of a minimum of \$300,000 per occurrence boating liability insurance covering the boat being used in the tournament. By initialing here \_\_\_\_\_

I certify that I have the necessary insurance. \_\_\_\_\_

### TOURNAMENT ENTRIES MUST BE POSTMARKED BY TWO WEEKS PRIOR TO EVENT, OTHERWISE INCLUDE \$40 LATE FEE.

In signing this application, I hereby waive and release all other contestants, the hosts, sponsors, tournament officials and The New York B.A.S.S. Chapter Federation and it's officers from all claims and/or damages incurred in connection with this tournament. I hereby agree to be bound by and comply with all tournament rules and regulations. In signing this, (if applying as a boating participant) I guarantee that I have a minimum of \$300,000 liability insurance on the boat being used in the tournament. I further understand that, the Tournament Committee reserves the right to refund this entry fee if for any reason they choose not to accept my application. I also understand that the entry fee is NON-REFUNDABLE AFTER THE CLOSE OF THE REGISTRATION PERIOD. I am currently a member in good standing of B.A.S.S., National Federation Nation and the NYBCF. I agree, if I qualify for the NY State Divisional Team, to use any products, clothing and/or equipment so specified and approved by The Federation.

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

Date: \_\_\_\_\_

**NOTE: Angler signature is required and entry fee must be enclosed in order to participate in tournament.**

#### OFFICIAL USE ONLY:

Data \_\_\_\_\_ Ins \_\_\_\_\_  
Mem\$ \_\_\_\_\_ Trn\$ \_\_\_\_\_  
Sr \_\_\_\_\_ NB \_\_\_\_\_

#### MAIL TO:

PETER KNIGHT  
TOURNAMENT DIRECTOR  
309 PARK STREET  
FULTON, NY 13069

#### MAKE CHECKS PAYABLE TO:

NEW YORK B.A.S.S. CHAPTER FEDERATION  
Single Entry Fee: \$ \_\_\_\_\_  
Late Fee (if applicable): \$ \_\_\_\_\_  
Total Amount Enclosed: \$ \_\_\_\_\_