



LOWRANCE



OFFICIAL NYBCF TOURNAMENT ENTRY FORM

v.2/10

✓ 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:

JEFF EDGARTON
TOURNAMENT DIRECTOR
385 FUNK ROAD
ERIEVILLE, NY 13061

MAKE CHECKS PAYABLE TO:

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