

B.A.S.S. FEDERATION NATION

STATE CHAMPIONSHIP

TOURNAMENT ENTRY FORM

Club Name: _____ Club Number: _____

Contestant

Name:			
		(Last)	(First)
Address:			
		Street	City State Zip
Home Phone: ()		DOB:	Age:
Cell Phone: ()			Male: <input type="checkbox"/>
			Female: <input type="checkbox"/>
B.A.S.S. #	Expiration:	Boater: <input type="checkbox"/> Non Boater <input type="checkbox"/>	
Boat (Complete only if bringing boat, including if to pre fish only)			
Make:	Model:	Year:	Length:
HP Rating:	Registration # (Boat Identifier):		
Motor (Complete only if bringing boat, including if to pre fish only)			
Make:	Year:	HP:	
Insurance Company:		Expiration Date:	

Copy of Current Boat Insurance Policy Enclosed: Yes No

Team Captain: _____

Contestant Lodging: _____

By signing this application, I hereby waive and release the Missouri B.A.S.S. Federation Nation, and other participants and tournament officials from all claims for injury and/or damages incurred in connection with this tournament.

Signature of Contestant_____
Date

Mail to: Kathy Blankenbeker
 MOBASS State Secretary
 PO Box 3115
 Camdenton, MO 65020
 Questions Call: 573.480.1132 or email secretary@mobass.com