

PA Bass Federation, Inc. Regional Team Tournament Application

ALL pages of the application must be completed in full.

TOURNAMENT FEES & MAILING INSTRUCTIONS:

①	Tournament Fee is \$500 per team (regardless if there are six or four anglers on a team)						
(1)	All payments shall be in the form of a check, cashier's check or money order (no cash)						
(1)	All checks MUST be made payable to: PA BASS Federation, Inc.						
(1)	All checks and applications MUST be mailed to the hosting District Tournament (not State TD), and						
(1)	All checks and applications M	UST be received three wee	ks prior to tournament date				
TOURNAMENT SELECTION:							
☐ Tea	ım Regional 1	☐ Team Regional 2	(see website for locations)				
Tourr	nament Location:		DATE:				
CLUB / CAPTAIN INFORMATION:							
CLUB	NAME:		CLUB#				
Tea Captain's First Name:		Last Name:					
Mailir	ng Address:		APT #:				
City:_		State:	Zip Code:				
Home Phone: () - Cell Phone: () -							
Email Address:							

See the Regional Web Page for mailing information.



First Name:	M.I Last Name:			
Mailing Address:	APT #:			
City:	State: Zip Code:			
Home Phone: ()				
Email Address:				
Emergency Contact Name	e & Number:			
Brand of Boat:				
Boat Model:	Registration#:			
Engine Brand: HP Rating:				
	g a boat? YES □NO □ If yes please complete information above.			
Do you carry a minimum of	f \$300,000 Liability Insurance on your boat? YES \(\square\) NO \(\square\)			
Proof of insurance and PA Bass Federa Director. Failure to provide informatio				
Proof of insurance and PA Bass Federa Director. Failure to provide informatio	f\$300,000 Liability Insurance on your boat? YES \(\subseteq\) NO \(\subseteq\) ation, Inc. membership must be provided immediately upon request of the Tournam on may result in the delay or forfeiture of monies and points awarded in the tournar			
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Proof of insurance and PA Bass Federa Director. Failure to provide information ANGLER TWO'S INFORM. First Name: Mailing Address: City: Home Phone: () Email Address: Emergency Contact Name Brand of Boat:	\$300,000 Liability Insurance on your boat? YES _NO _ ation, Inc. membership must be provided immediately upon request of the Tournam on may result in the delay or forfeiture of monies and points awarded in the tournar ATION (Boat #2): Fishing for state championship: YES: _NO \ M.I Last Name: APT #: State: Zip Code: Cell Phone: ()			

Proof of insurance and PA Bass Federation, Inc. membership must be provided immediately upon request of the Tournament Director. Failure to provide information may result in the delay or forfeiture of monies and points awarded in the tournament.



	M.I Last Name:
Mailing Address:	APT #:
City:	State: Zip Code:
Home Phone: ()	Cell Phone: (
Email Address:	
Emergency Contact Nar	me & Number:
Brand of Boat:	
Boat Model:	Registration#:
Engine Brand:	HP Rating:
	ng a boat? YES □NO □ If yes please complete information above of \$300,000 Liability Insurance on your boat? YES □NO □
	eration, Inc. membership must be provided immediately upon request of the Tourn tion may result in the delay or forfeiture of monies and points awarded in the tourn
	tion may result in the delay of residue of members and points are also in the court
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Alternate ANGLER's INF First Name: Mailing Address:	FORMATION:Fishing for state championship: YES: NO:
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Alternate ANGLER's INF First Name: Mailing Address: City: Home Phone: () Email Address: Emergency Contact Nar Brand of Boat: Boat Model:	FORMATION :Fishing for state championship: YES: NO: M.I Last Name: APT #: State: Zip Code: Cell Phone: () me & Number:

Proof of insurance and PA Bass Federation, Inc. membership must be provided immediately upon request of the Tournament Director. Failure to provide information may result in the delay or forfeiture of monies and points awarded in the tournament.



First Name:	M.I Last Name:			
Mailing Address:	APT #:			
City:	State: Zip Code:			
Home Phone: ()	Cell Phone: ()			
Email Address:				
Emergency Contact Name & Number:				
CO-ANGLER TWO'S INFOR	MATION: Fishing for state championship: YES: ☐ NO: ☐ M.I Last Name:			
CO-ANGLER TWO'S INFOR First Name:	RMATION: Fishing for state championship: YES: ☐ NO: ☐			
CO-ANGLER TWO'S INFOR First Name: Mailing Address:	MATION: Fishing for state championship: YES: ☐ NO: ☐ M.I Last Name:			
CO-ANGLER TWO'S INFOR First Name: Mailing Address: City:	RMATION: Fishing for state championship: YES: NO: NO: NO: NO: NO: NO: NO: N			
CO-ANGLER TWO'S INFOR First Name: Mailing Address: City: Home Phone: ()	RMATION: Fishing for state championship: YES: ☐ NO: ☐ M.I Last Name: APT #: State: Zip Code:			



First Name: M.	I Last Name:
Mailing Address:	APT #:
City:	State: Zip Code:
Home Phone: ()	Cell Phone: ()
Email Address:	
Emergency Contact Name & Number	r:
Alternate CO-ANGLER's INFORMATI	ION: Fishing for state championship: YES: ☐ N
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First Name: M.	
First Name: M. Mailing Address:	.l Last Name:
First Name: M. Mailing Address: City:	.l Last Name:APT #:
First Name: M. Mailing Address: City:	.l Last Name: APT #: State: Zip Code: Cell Phone: () -



Pennsylvania Bass Federation, Inc. Event Waiver

Having fully acquainted myself with the tournament rules, I have completed this application and submit it for my entry into the tournament selected. In signing this application, and by my presence at the event, I hereby agree to be bound by and comply with all tournament rules and safety regulations. I expressly assume all risks associated with the tournament and I hereby release Pennsylvania Bass Federation, Inc, (PA Bass), The Bass Federation, Inc., (TBF), Operation Bass, Inc. (FLW Outdoors), its parent, and affiliate companies, its licensees and affiliates, and all their respective officers, directors, agents, employees, and stockholders, the tournament hosts, tournament sponsors and tournament officials from all claims of death, injury and / or property damage incurred in connection with this tournament.

If I am using a boat during the official practice or during the tournament, I certify that I have, or will obtain prior to the event, property damage watercraft liability insurance having a limit of no less than \$300,000. Said insurance must be issued by a reputable insurer and must cover injury and/or damage incurred in connection with this Tournament. Upon request, I will provide satisfactory evidence of said insurance. I hereby wave my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instructions in connection with any reproduction of same, video/ audio productions and/or articles and press releases by PABASS, TBF, FLW Outdoors, their parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media.

I shall not be entitled to receive any royalties or other compensation in connection with such use. I further understand and agree that the tournament officials reserve the right to reject my application for any reason whatsoever. I am currently a member in good standing of PABASS, an affiliated member club, TBF and FLW Outdoors. I agree if I qualify for the PABASS State Divisional Tournament Team, The Federation National Championship or any other event representing PABASS or TBF to use any and all "Official" products and equipment so specified and provided, and be bound by the terms and conditions of the STATE TEAM CONTRACT, if applicable.

I have read, understand and agree to abide by all federation rules and state laws governing this tournament. I further agree to abide by any on-site ground rules deemed necessary by the tournament director. I also understand that my signature on this application verifies the information contained on this application to be accurate and correct.

Angler #1 Signature & Date:	
Angler #2 Signature & Date:	
Angler #3 Signature & Date:	
Co-Angler #1 Signature & Date:	
Co-Angler #2 Signature & Date:	
Co-Angler #3 Signature & Date:	
Alt. Angler Signature & Date:	
Alt. Co-Angler Signature & Date:	

Failure to complete the application in its entirety will result in its rejection