18th ANNUAL CURTIS ANDERS MEMORIAL FLORIDA CATFISH CLASSIC 2016
FRIDAY, SEPTEMBER 23 & SATURDAY, SEPTEMBER 24, 2016
REGISTRATION FORM

PLEASE PRINT **GENDER: Male Female**

NAME _____ Sr. Jr. III LAUNCH FROM_____
(LAST) (FIRST) (M) (Circle one)

MAILING ADDRESS_____ COUNTY_____

CITY _____ STATE _____ ZIP_____

HOME PHONE _____ CELL PHONE_____

E-MAIL ADDRESS_____

Having acquainted myself with the rules, I have completed this application and am enclosing my entry fee of **$50.00** (**$20.00** for children fishing in the Kid's Channel Catfish Classic; they must be accompanied by a registered adult at all times and must wear life jackets) payable to Florida Catfish Classic. In signing this application, I hereby release all other contestants, the host sponsors and tournament officials from all claims or injury and/or damage incurred in connection with this tournament. I further understand and agree that the Tournament Committee reserves the right to refund this entry fee, if they choose, for any reason, not to accept my application. I grant permission to the Tournament Committee to use any photos taken of me during the tournament along with my name.

I agree to abide by any and all tournament rules, regulations, and laws and conduct myself in high standards while involved in the tournament. I understand that violations will result in my expulsion from this tournament.
By executing this document, I consent to the WEWAHITCHKA SEARCH & RESCUE having sole and complete discretion as to what constitutes a violation and agree that the judgment of WEWAHITCHKA SEARCH & RESCUE is binding and final. I swear that the facts listed herein are true and accurate to the best of my knowledge.

(Adult)Fisherman's Signature_____Date_____

Age Range: check one 1-10_____ 11-14_____ (for kids fishing for flathead @ full price)

15-25 _____ 26-35_____ 36-45 _____ 46-55_____ 56-65 _____ 66-75 _____ 76 &up_____

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If fishing in Kid's Classic (CHANNEL CATFISH ONLY):
Please list **child's** age _____and name of adult that child will be fishing with _____
(Print Adult Name)

Child's Birthday: _____

PLEASE MAIL THIS REGISTRATION FORM WITH YOUR ENTRY FEE OF **$50.00 ($20.00** FOR KID'S CLASSIC) TO WEWAHITCHKA SEARCH & RESCUE, PO BOX 555, WEWAHITCHKA, FL 32465 OR SUBMIT IT THE DAY OF THE TOURNAMENT. YOU CAN ALSO BRING IT BY WEWAHITCHKA CITY ANNEX AT 318 SOUTH 7 STREET BEFORE THE DAY OF THE TOURNAMENT.

For use by Tournament Officials Only: PAID BY: AMT PAID $_____
CASH OR
Flathead Weight Channel Weight CHECK #_____ FISHERMAN #_____

BOAT # _____

Registration revised 2/12/2015/cds

State of Florida Charitable Registration # CH-17646
A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL FREE 800-435-7352 WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL OR RECOMMENDATION BY THE STATE.