

19th ANNUAL CURTIS ANDERS MEMORIAL FLORIDA CATFISH CLASSIC 2017
FRIDAY, SEPTEMBER 29 & SATURDAY, SEPTEMBER 30, 2017
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 _____

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 \$ _____
Flathead Weight	Channel Weight	CASH OR	FISHERMAN # _____
		CHECK # _____	BOAT # _____

Registration revised 2/23/2017

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.