

APPLICATION
SHAWNEE – SUPREME INVITATIONAL
2015 TROUT TOURNAMENT
March 28, 2015 7:00 AM – 2:00 PM
(PLEASE PRINT)

Captain's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email Address: _____
Boat Registration Number (Hull): _____
Boat Manufacture: Shawnee ____ Supreme ____ Year Manufactured: ____ Make of Engine: _____

Partner's Name: _____
Address: _____ City: _____ State: _____ Zip: _____
Telephone: _____ Email Address: _____

WE ARE DESIGNATED FLY FISHERMAN IN ACCORDANCE WITH RULE #11: _____

I/we have read and understand all rules and regulations associated with the Shawnee – Supreme Invitational 2015 Trout Tournament, and waive all other contestants, sponsors, volunteers, tournament officials and Cotter Gassville Chamber of Commerce and all claims for injury or damages incurred in connection with the 2015 Tournament. I/we also waive all above mentioned persons from any and all claims for injury or damages in the event that a minor under the age of eighteen is fishing. In signing this tournament application, I/we do agree to submit to any truth verification testing provided by Cotter Gassville Chamber of Commerce and I/we agree to abide by the outcome of any such testing.

My signature on application below signifies that I have read and understand the agreements listed above.

SIGNED: _____ CAPTAIN DATE _____

SIGNED: _____ PARTNER DATE _____

ENTRY FEES: \$100.00 per team. Limited to the first 125 entries. Add \$10.00 each for extra meal tickets. \$25 for Big Fish Pot. Entry forms will not be processed without enclosed fee.

AMOUNT SUBMITTED:

Entry fee: _____

Big Fish Pot: _____

Extra Meals: _____

TOTAL AMOUNT SUBMITTED: _____

Check or money order: Deadline - March 23, 2015. Please mail to Cotter-Gassville Chamber of Commerce, P.O. Box 489, Cotter, AR 72626, (870) 321-1243.

Cash payment: Deadline – March 26, 2015.

Please deliver to Cotter Trout Dock, Cotter or First Security Bank, Gassville Branch only.

(For Office Reference Only)

Team No. _____ Fly Fisherman Only _____

Extra Meal Tickets _____ Amount Paid: _____ Paid Check # _____

Date Received: _____