

Team Number



Amount Paid

HTTP://www.anglers-dream.com  
Division 25  
N. E. Indiana

Directors, Andy Lee 260-243-9366 & Mark Smith 260-570-8099

Regular Membership \$30 per Member ( ) or \$60 per Team ( )

Nomads Membership \$40 per Member ( ) or \$80 per Team ( )

April 4, Crooked Lake \$120 ( ) May 2, Hamilton Lake \$120 ( )  
June 13, Sylvan Lake \$120 ( ) July 11, Barbee Chain \$120 ( )  
Aug. 1, Coldwater Lake \$120 ( )

Aug. 22 Hamilton Lake (Divisional Championship) \$120 ( )

Methods of Payment:

On Site Day of Event: Cash Only ( )

By Mail : **Must be received 7 days prior to event:**

Check ( ) Money Order ( ) **Return Check Charge \$40.**

Make check or money order payable to: Anglers Dream

Send To: PO Box 1201, Hammond, IN 46325 (219-) 512-6581

NAME \_\_\_\_\_  
Please Print

ADDRESS \_\_\_\_\_ Phone \_\_\_\_\_

CITY, STATE \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Check all that apply!** Regular ( ) Substitute ( ) Nomad ( )

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CITY, STATE \_\_\_\_\_ Zip \_\_\_\_\_

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**Check all that apply!** Regular ( ) Substitute ( ) Nomad ( )

1. Having read the official rules and regulations and completed the above entry form, we agree to abide by all the conditions stated therein. We also agree to assume all applicable taxes.
2. LIABILITY RELEASE: In signing this agreement, we hereby release Anglers Dream LLC., their agents, employees and sponsors from any and all damages, claims, demands, cost or expenses relating to injury of any persons or any property which we may sustain or which we may cause by reason of participating in or in connection with this tournament.
3. VERIFICATION OF LIABILITY INSURANCE: We further state that we maintain current liability insurance on the boat we will use in these events.
4. We signify by our signatures above that we have read and understood the agreements numbered 1, 2, and 3 above.

Bass	Alive	Big Bass	Total Weight	Points

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