



Amount P

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

HTTP://www.anglers-dream.com Division 6

Geist Reservoir - Olio Road Ramp - Fishers, IN Director, Ken Phillips 317-412-5156

Regular Membership \$30 per Member () or \$60 per Team () Nomads Membership \$40 per Member () or \$80 per Team ()

April 18	\$120()	May 16	\$120()
June 13	\$120()	July 18	\$120()
Aug. 15	\$120()	Sept. 12	\$120()

Methods of Payment:

On Site Day of Ev	vent: Cash Only ()
On one Day of L	Citt. Cash Only	,

By Mail: <u>Must be received 7 days prior to event:</u>
Check () Money Order () <u>Return Check Charge \$40</u>.

Make check or money order payable to: Anglers Dream

Nomads Membership \$40 per Member () or \$80 per Team ()	Send To: PO Box 1201, Hammond, IN 46325 (219-) 512-6581		
NAMEPlease Print	NAME Please Print		
ADDRESSPhone	ADDRESSPhone		
CITY,	CITY,		
STATE Zip			
EMAIL	EMAIL		
SIGNATURE	SIGNATURE		
<u>Check all that apply!</u> Regular () Substitute () Nomad ()	<u>Check all that apply!</u> Regular () Substitute () Nomad ()		
3. VERIFICATION OF LIABILITY INSURANCE: We further state that we maintain currer 4. We signify by our signatures above that we have read and understood the agreements number and the signature of the signature o	bered 1, 2, and 3 above.		
	t Here >		
	April 18 \$120 () May 16 \$120 ()		
s s	June 13 \$120 () July 18 \$120 () Aug. 15 \$120 () Sept. 12 \$120 ()		
Team Number Amount Paid	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.		
HTTP://www.anglers-dream.com			
Division 6 Geist Reservoir - Olio Road Ramp - Fishers, IN			
Director, Ken Phillips 317-412-5156			
Regular Membership \$30 per Member () or \$60 per Team () Nomads Membership \$40 per Member () or \$80 per Team ()	Make check or money order payable to: Anglers Dream Send To: PO Box 1201, Hammond, IN 46325 (219-) 512-6581		
NAMEPlease Print	NAMEPlease Print		
ADDRESSPhone			
CITY,	CITY,		
STATEZip	STATEZip		
EMAIL	EMAIL		
SIGNATURE	SIGNATURE		
<u>Check all that apply!</u> Regular () Substitute () Nomad ()	<u>Check all that apply!</u> Regular () Substitute () Nomad ()		
1. Having read the official rules and regulations and completed the above entry form, we agree 2. LIABILITY RELEASE: In signing this agreement, we hereby release Anglers Dream L cost or expenses relating to injury of any persons or any property which we may sustain or 3. VERIFICATION OF LIABILITY INSURANCE: We further state that we maintain current	LC., their agents, employees and sponsors from any and all damages, claims, demands, which we may cause by reason of participating in or in connection with this tournament.		