Lake Michigan East Chicago, IN





Lake Michigan Hammond, IN







www.anglers-dream.com P.O. Box 1201- Hammond, IN 46325 219-512-6581





Division 1

Directors: Zack Seyller (630) 251-0690 & Chris Lellos (630) 243-1865

*\$140 Entry Fee

*Includes 1st & 2nd Big Bass





BULLDAWGRODS



Tournament of Champions

Mississippi River Pool 8 - Lacrosse Wisconsin September 22 & 23

\$10,000

First Prize
*180% Pavback

*based on a 10 boat average and a 100 boat field





8 Qualifying Events - 1 Open Event

April 8 - Waterfront Boat Ramp - Burnham, IL

April 22 - Waterfront Boat Ramp - Burnham, IL

April 29 - Hammond Marina - Hammond, IN

May 13 - Hammond Marina - Hammond, IN

May 21 - Hammond Marina - Hammond, IN

June 17 - Hammond Marina - Hammond, IN

July 9 - East Chicago Marina - East Chicago, IN

August 13 - East Chicago Marina - East Chicago, IN
*September 10 - East Chicago Marina - East Chicago, IN

*Open Event - No Membership Necessary - Nomad Points Awarded

September 22 & 23, 2017 - Tournament of Champions - Lacrosse, WI

Schedule of Events

ONE HOUR PRIOR TO TAKE OFF: Check in and Mandatory Registration at the Designated Site.

15 MINUTES PRIOR TO TAKE OFF: Mandatory Pre-Tournament Rules Meeting and Drawing for Starting Positions.

FIRST SAFE LIGHT: Ooze Off From the Official Check Point By Boat Position. Approximately 10 Second Intervals.

8 HOURS AFTER TAKE OFF: Check in at Official Designated Location.

(Time and Site May Vary Depending on Safe Conditions)

Pay Back Schedule - Qualifying Events

(Based on a 30 Boat Field)

 1st Place \$1025
 2nd Place \$390

 3rd Place \$260
 4th Place \$220

 5th Place \$195
 6th Place \$165

 7th Place \$150
 8th Place \$145

 9th Place \$120

Big Bass \$300 2nd Big Bass \$150

Tournament of Champions Payback

13th thru 14th \$700 15th thru 16th \$600 17 thru 20th Place \$500

Anglers Dream Membership and Entry Form

Division Number	Team Number	Tournament Date//2017		
MEMBER INFORMATION: Please Print		MEMBER INFORMATION:		
Member 1:		Member 2:		
Address:		Address:		
City:	State	City:State		
ZipPhone		ZipPhone		
E-mail:		E-mail:		
Member Substitute _		Member Substitute		
Signature:		Youth:Yes Youth Date of Birth:		
		Please Print		
	Liability F	Release		
e e	tions and completed the above enti-	ry form, I/we agree to abide by all the conditions stated therein. We also		
agree to assume all applicable taxes.	A	los Donnes LLC. Their courts and all and a few and all		
		lers Dream LLC., Their agents, employees and sponsors from any and all which we may sustain or which we may cause by reason of participating in		
or in connection with this tournament.	Jan			
3. VERSIFICATION OF LIABILITY INS	URANCE: We further state that we	e maintain current liability insurance on the boat we will use in this event.		
4. We signify by our signatures above that	we have read the understood the a	greements numbered 1, 2 and 3 above.		
A complete set of the rules may be obtaine	d on the Anglers Dream Web Site	(http://www.anglers-dream.com).		
	Payment I	nformation		
Membership Paid: Mem	•			
Entry Fee: \$ 140	Total Paid \$			

Membership Paid: M	1ember 1: \$40	Member 2: \$40
Entry Fee: \$ 140	Total Paid \$	_
•	•	Bax 1201, Hammond, IN 46325 of 7 days prior to the event.
Onsite entries are cas	h only.	

Bass	Alive	Big Bass	Weight	Points	
To be filled out by the Tournament Director					

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