ANGLEP.	\$			May 31 July 12 Aug. 30	\$120 \$120 \$120	()		June 14 Aug. 2 Sept. 20	\$120() \$120() \$120()
Team Number	Amount	Paid				Ν	Iethods of Paymo	ent:	
HTTP://www.anglers-dream.com Division 13 Muskegon Lake - Fishermen's Landing Ramp - Muskegon, MI Directors, Rick Kedik 269-240-4917 & Mike Martin 219-393-9835				On Site Day of Event: Cash Only () By Mail : <u>Must be received 7 days prior to event:</u> Check () Money Order () <u>Return Check Charge \$40</u> .					
NAMEPlease Print				NAME			Diago Driv		
ADDRESS Phone				NAME Please Print ADDRESS Phone					
CITY, STATE		CITY, STATEZip							
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<u>Check all that apply!</u> Regular ()	Substitute ()	Nomac	d ()			apply!	Regular ()	Substitute ()	Nomad ()
 Having read the official rules and regulations and c LIABILITY RELEASE: In signing this agreement cost or expenses relating to injury of any persons or VERIFICATION OF LIABILITY INSURANCE: We signify by our signatures above that we have readered and the signify by our signatures above that we have readered and the signify by our signatures above that we have readered and the significance of the significance of	nt, we hereby release any property which We further state that	e Anglers l we may s we maintai	Dream LLC sustain or wh	C., their agents hich we may ability insuran	s, emplo cause by ce on th	yees and y reason	l sponsors from any of participating in c	and all damages, clair r in connection with t	ms, demands,
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Children Chi	Amount			May 31 July 12 Aug. 30	\$12	0() 0() 0()		June 14 Aug. 2 Sept. 20	\$120() \$120() \$120()
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Division 13 Muskegon Lake - Fishermen's Landing Ramp - Muskegon, MI Directors, Rick Kedik 269-240-4917 & Mike Martin 219-393-9835 Regular Membership \$30 per Member () or \$60 per Team () Nomads Membership \$40 per Member () or \$80 per Team ()				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 DreamSend To: PO Box 1201, Hammond, IN 46325(219-) 512-6581					
NAME				NAME					
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SIGNATURE <u>Check all that apply!</u> Regular () Substitute () Nomad ()				<u>Check all that apply!</u> Regular () Substitute () Nomad ()					
 Having read the official rules and regulations and d LIABILITY RELEASE: In signing this agreeme cost or expenses relating to injury of any persons o VERIFICATION OF LIABILITY INSURANCE: We signify by our signatures above that we have re 	ent, we hereby releas r any property which We further state that	e Anglers n we may a we mainta	Dream LLC sustain or w	C., their agent which we may ability insurated ed 1, 2, and 3 a	ts, empl cause t nce on tl	oyees an oy reason	d sponsors from an of participating in	y and all damages, clasor in connection with	ims, demands,