

Team Number



Amount Paid

HTTP://www.anglers-dream.com

Division 1

Lake Michigan - Hammond/East Chicago, Indiana

Director, Stan Zatorski 219 512-6581

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

April 23	\$125 ( )	May 21	\$125 ( )	June 5	\$125 ( )
June 18	\$125 ( )	July 16	\$125 ( )	Aug. 6	\$125 ( )
*Aug 20	\$125 ( )	Sept. 10	\$125 ( )	*Oct. 1	\$125 ( )

\*Bad Weather Make Up Dates

Divisional Championship: October 15 \$125 ( )

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 ( )

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

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

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

EMAIL \_\_\_\_\_

SIGNATURE \_\_\_\_\_

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

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

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

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

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