





HTTP://www.anglers-dream.com

Division 54

Wolf Lake - Wolf Lake Park Ramp - Hammond, IN Director, Vince Sessa 219 680-9541

NAME

Singles Membership \$20 per ( )

April 23	\$75()	May 28	\$75()
June 11	\$75()	July 2	\$75()
Aug. 8	\$75()	Aug 14	\$75()

Sept. 10 Divisional Championship \$75 ( )

Oct. 8 Open Tournament - No membership necessary \$80 ( )

## 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

Please Prin	nt .	
ADDRESS		
CITY, STATE	Zip	
EMAIL		
SIGNATURE		
1. Having read the official rules and regulations and completed the above entry form, I taxes.  2. LIABILITY RELEASE: In signing this agreement, I hereby release Anglers Drear demands, cost or expenses relating to injury of any persons or any property which we with this tournament.  3. VERIFICATION OF LIABILITY INSURANCE: I further state that I maintain currer 4. I signify by our signatures above that I have read and understood the agreements numbers of the signal page.	in LLC., their agents, employees and sponsors from any and all damages, claims, e may sustain or which we may cause by reason of participating in or in connection at liability insurance on the boat I use in these events.	
Bass Alive Big Bas	s Total weight Folias	
	Here >	
Number Samount Paid	April 23 \$75 ( ) May 28 \$75 ( )  June 11 \$75 ( ) July 2 \$75 ( )  Aug. 8 \$75 ( ) Aug 14 \$75 ( )  Sept. 10 Divisional Championship \$75 ( )  Oct. 8 Open Tournament - No membership necessary \$80 ( )	
HTTP://www.anglers.dream.com Division 54	Methods of Payment:	
Wolf Lake - Wolf Lake Park Ramp - Hammond, IN	On Site Day of Event: Cash Only ( )	
Director, Vince Sessa 219 680-9541 Singles Membership \$20 per ( )	By Mail: <u>Must be received 7 days prior to event:</u> Check ( ) Money Order ( ) <u>Return Check Charge \$40</u> .	
Singles internocising \$20 per ( )	Make check or money order payable to: Anglers Dream Send To: PO Box 1201, Hammond, IN 46325 (219-) 512-6581	
NAMEPlease Pri	nt .	
ADDRESS		
CITY,		
STATE	Zip	
EMAIL		
SIGNATURE		
Having read the official rules and regulations and completed the above entry form, I taxes.     LIABILITY RELEASE: In signing this agreement, I hereby release Anglers Dream	agree to abide by all the conditions stated therein. I also agree to assume all applicable	

- with this tournament.

  3. VERIFICATION OF LIABILITY INSURANCE: I further state that I maintain current liability insurance on the boat I use in these events.
- $4. \, Is ignify \, by \, our \, signatures \, above \, that \, I \, have \, read \, and \, understood \, the \, agreements \, numbered \, 1, 2, and \, 3 \, above.$

Bass	Alive	Big Bass	Total Weight	Points

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