





4. We signify by our signatures above that we have read and understood the agreements numbered 1, 2, and 3 above.

Amount Paid

HTTP://www.anglers-dream.com **Division 21**

Raccoon Lake, Rockville IN

Directors, Dayton Land 317-987-5084 & Jordan Nauert 765-720-9186

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

April 9	\$125()	April 30	\$125()
May 14	\$125()	May 21	\$125()
June 11	\$125()	July 16	\$125()
August 20	\$125()	September 20	\$125()

Methods of Payment:

On Site Day of Event:	Cash Only ()
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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 10: PO Box 1201, Hammond, IN 40323 (219-) 312-0381	
NAMEPlease Print	NAMEPlease Print	
ADDRESS Print Phone	i least i int	
ADDRESSPnone	ADDRESSPhone	
CITY,	CITY,	
STATEZip	STATEZip	
EMAIL	EMAIL	
SIGNATURE Check all that apply! Regular () Substitute ()	SIGNATURE	
Check all that apply! Regular () Substitute ()	Check all that apply! Regular () Substitute ()	
ost or expenses relating to injury of any persons or any property which we may sustain or . VERIFICATION OF LIABILITY INSURANCE: We further state that we maintain current so . We signify by our signatures above that we have read and understood the agreements number . Bass Alive Big Bas	t liability insurance on the boat we will use in these events. ered 1, 2, and 3 above.	
< <u>-</u>	Cut Here >	
Team Number HTTP://www.anglers-dream.com Division 21 Raccoon Lake, Rockville IN Directors, Dayton Land 317-987-5084 & Jordan Nauert 765-720-9186 Regular Membership \$40 per Member () or \$80 per Team ()	April 9 \$125 () April 30 \$125 () May 14 \$125 () May 21 \$125 () June 11 \$125 () July 16 \$125 () August 20 \$125 () September 20 \$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	
NAMEPlease Print	NAMEPlease Print	
ADDRESS Print Phone Phone		
CITY	CITY,	
CITY, STATEZip	STATEZip	
EMAIL_	EMAIL_	
	OLON LEVER F	
SIGNATURE Regular () Substitute () Nomad ()	SIGNATURE Regular () Substitute () Nomad (
2. LIABILITY RELEASE: In signing this agreement, we hereby release Anglers Dream	ree to abide by all the conditions stated therein. We also agree to assume all applicable taxes. LLC., their agents, employees and sponsors from any and all damages, claims, demands, or which we may cause by reason of participating in or in connection with this tournament. ent liability insurance on the boat we will use in these events.	

Total Weight

Big Bass