

2016 On line Membership/Entry Form



Team Number

\$

Amount Paid

[HTTP://www.anglers-dream.com](http://www.anglers-dream.com)

National Director: Stan Zatorski

219-512-6581 : anglersdream1@hotmail.com

Team Tournaments Membership:

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

Singles Tournaments Membership: \$20 ()

Tournament Entry

Division Number (____) Tournament Date
____/____/2016

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-

NAME _____
Please Print

ADDRESS _____ Phone _____

CITY, STATE _____ Zip _____

EMAIL _____

SIGNATURE _____

NAME _____
Please Print

ADDRESS _____ Phone _____

CITY, STATE _____ Zip _____

EMAIL _____

SIGNATURE _____

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.

Print out and Send Completed Entry Form To:

Anglers Dream

PO Box 1201

Hammond, IN 46325