

# MAC TOURNAMENT

## James R. McAllister Memorial Tournament

### April 12, 2025

### Tournament Registration

**Team Name**  
(Participant 1 Last name, First initial)

Boat     Wading  
Select One

**Contact Number:**

**Email Address:**

### Participant Information

**Participant 1:**

First & Last Name

Address

Phone

Email Address

Signature

*Signature indicates release of liability*

**Participant 2:**

First & Last Name

Address

Phone

Email Address

Signature

*Signature indicates release of liability*

### Payment Information - \$50 Entry fee per team

*Please Select appropriate payment method*

**Check** Please make checks payable to: James R McAllister Memorial Fund

**Paypal**     **Cash**     **VENMO**    Amount \_\_\_\_\_

\* Rules and Regulations are subject change\*    \*Tournament date is subject to change due to weather\*

**Any questions regarding tournament or to submit registration form please contact: Marianne Pirolli at 419-460-2684 or MACsTournament@gmail.com**

MAC's Memorial Tournament and sponsors assume no liability for safety (including COVID-19) or property.