



Participant #1

Name: _____ BASS # _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

School/Club _____ School/Club # _____ 2024-25 Grade _____

Participant #2

Name: _____ BASS # _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

School/Club _____ School/Club # _____ 2024-25 Grade _____

Coach

Name: _____ BASS # _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Email _____

Club _____

PLEASE RETURN WITH BOAT INSURANCE CERTIFICATE BY MAY 1 2025