

The 36th Annual Lake Thompson Walleye Tournament

Sponsored by the
Lake Preston Chamber of Commerce
Lake Preston Volunteer Fire Dept.
Saturday, June 7th & Sunday, June 8th 2025

\$11,200 Cash Prizes

Payout for the top **two-day** weight totals:

1st \$5040.00	5th \$616.00
2nd \$1904.00	6th \$504.00
3rd \$1456.00	7th \$448.00
4th \$882.00	8th \$350.00

(Payouts above based on 70 teams)

Largest Walleye Contest
\$20 per Team 100% Pay Back Over 2 Days
(Must be paid the night of the Rules Meeting)

ELIGIBILITY: Any person 18 years old or older will be eligible to compete in the tournament.
Persons under 18 may participate only as the teammate of a parent, guardian or relative 18 years or older.
(No refunds after May 15th) Entries must be a team of two people per boat. (Early-bird drawing for all
entries received by May 1st. – one team will win their entry fee back!)



OFFICIAL ENTRY FORM

ENTRY FEE: \$200 Make Checks Payable to Lake Thompson Walleye Tournament or Venmo entry
fee- @LakeThompsonWalleyeTournament or scan the code.

**If mailing form, send to: Lake Preston Chamber, PO Box 335, Lake Preston, SD
57249**

Or e-mail to: info@lakethompsonwalleyetournament.com



venmo

WAIVER: I the undersigned, hereby release the City of Lake Preston, Chamber of Commerce, Lake Preston Volunteer Fire Dept, and their agencies, and tournament committee, and judges of any or all death, injury, liability, theft, fire, damages, or any loss incurred during the event. I agree to a photo and video release to media covering the event. I agree to follow the rules of the tournament. I understand that no refunds will be made after May 15th, unless chairman fills the vacated spot.

PLEASE PRINT CLEARLY

Team Captain:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ - _____

EMAIL: _____

DATE OF BIRTH: ____/____/____

SIGNATURE: _____

DATE: _____

Fishing Partner:

NAME: _____

ADDRESS: _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ - _____

EMAIL: _____

DATE OF BIRTH: ____/____/____

SIGNATURE: _____

DATE: _____