





Captain Name/Business Name	:
Address:	City/State/Zip:
Phone:	Email:
Boat Name:	Boat Make:
PLEASE LIST ALL ANGLERS:	
CAPTAIN NAME:	SHIRT SIZE:
ANGLER NAME:	SHIRT SIZE:
ANGLER NAME:	SHIRT SIZE:
ANGLER NAME:	SHIRT SIZE:
ANGLER NAME:	SHIRT SIZE:
***Additional Anglers- \$25 per and	gler bag exceeding 5 anglers (including the captain)
ANGLER NAME:	SHIRT SIZE:
ANGLER NAME:	SHIRT SIZE:
OFFSHORE- \$500	OFFSHORE CALCUTTA- Additional \$200
INSHORE- \$400	INSHORE CALCUTTA- Additional \$100
ТО	TAL DUE: \$
*Calcutta i	s a tournament within the tournament
OFFSHORE Ca	lcutta: Red Grouper/Kingfish/Red Snapper
INSHOF	RE Calcutta: Trout/Redfish/Mackerel

RELEASE OF LIABILITY

I, (please print)______, am aware that using a watercraft exposes me to certain hazards, including but not limited to injury or death, illness or medical emergency, including the risk of drowning and damage to loss or theft of vessel and/or equipment or other personal possessions, during the use of the watercraft, including the transporting of the vessel and equipment. I hereby release, indemnify and hold harmless Reeling for Kids, Inc. along with the Boys &

I hereby release, indemnify and hold harmless Reeling for Kids, Inc. along with the Boys & Girls Club of Alachua County and all of their owners, agents, event organizers, officials, sponsors, or anyone else associated with the event from any and all liabilities, cause of action, claims, demands, costs or debts of any nature, arising out of negligence or otherwise. I assume all risks of the vessel and equipment, in transport and use by myself, and all of the potential hazards and dangerous conditions associated with its use and transport.

I assume responsibility for all such risks and hazards associated with this event.

Signature:

Date:_____

PAYMENT INFORMATION

DEADLINE TO MAIL THIS ENTRY IS MAY 24th (after by fax/email/captains' meeting)

MAIL: Reeling for Kids, Inc. Attn: Emily Simmons 20701 NW 159th Lane High Springs, FL 32643		FAX: 352-335-1081 EMAIL: kcarlton@campuscu.com	
Checks payable: Reelii	ng for Kids, Inc.		
By Credit Card: Name on Card:			
Credit Card #:			
CVV#(3 Digit Code):	Expiration Date	/	Billing Zip Code

FOR ADDITIONAL TOURNAMENT INFO OR QUESTIONS PLEASE CONTACT EMILY SIMMONS at 352-284-1377 or birdrack@windstream.net