

Make A Difference Fishing Tournament
REGISTRATION FORM

October 2, 2010 (18 & Under) ____
November 6, 2010 (19 & older) ____

Participant's Name: _____

Address: _____

City, State, Zip: _____

Telephone: _____

E-Mail: _____

Date of Birth: _____ T-Shirt Size (Participant): Yth: S M L/ Adult: S M L XL XXL

Nature of Qualifying Disability: _____

Referring Agency/School: _____

Parent/Guardian: _____

Emergency Contact (someone who will not be attending the tournament): _____

Due to past years' overwhelming response, each participant shall be accompanied by a chaperone and may bring **one additional guest**. **This year you will not receive a postcard confirming this registration form.**

Anglers that have not checked in prior to 9:30am will not be eligible for the prize drawing following the tournament.

Release:

I am the parent/guardian of the above named participant. I hereby represent that the participant has my permission to participate in Make A Difference Fishing Tournament activities. I agree to hold the Make A Difference Fishing Tournament, its officers, directors, volunteers, sponsors and the City of Clearwater harmless from any damages in the event of injury to the participant or myself or loss of property.

I specifically grant my permission (both during and anytime after) to Make A Difference Fishing Tournament to use the participant's likeness, name, voice and words in television, radio, film, newspapers, magazines, internet and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of the Make A Difference Fishing Tournament and/or applying for funds to support those purposes and activities.

Parent/Guardian: _____ Date: _____

Mail completed form to: P.O. Box 16535 – Clearwater, Florida 33766