



MAKE A DIFFERENCE FISHING TOURNAMENT
ANGLER PARTICIPATION REGISTRATION FORM

CLEARWATER OCTOBER KIDS TOURNAMENT

8am start

LOCATION: PIER 60 Clearwater Beach, FL

Participant's Name _____

Address: _____

City, State, Zip _____

Telephone _____ Email _____

Date of Birth _____ T Shirt Size (Participant): Youth or Adult _____

Nature of Qualifying Handicap _____

Referring Agency/School _____

Parent/Guardian: _____

Emergency Contact _____

(Someone NOT attending the Tournament)

Due to past years' overwhelming response, each participant shall be accompanied by a chaperone and may bring one additional guest. Guest Name _____

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, it's officers, directors, volunteers, sponsor and the City of Clearwater, harmless from any damages in the event of injury to the participant, myself or guest, 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, newspaper, 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 funds to support those purposes and activities.

Parent/Guardian: _____ Date: _____

Mail Registration form to:

Make A Difference Fishing Tournament
PO Box 16535
Clearwater, FL 33766