



THE OHIO BASS FEDERATION

OFFICIAL REGIONAL ENTRY FORM

This page has three team forms please copy for additional teams.

REGION: _____	CHAPTER: _____	Club # _____	TEAM # _____
(Boater)		Phone	
Street Address:		e-mail:	
City	State	Zip	FLW # Ranger Cup _____
*Clubs No-Boater Responsible For A Minimum \$20 Daily Fee To Club's Boater.			
(No-boater)		Phone	
Street Address		e-mail:	
City	State	Zip	FLW # Ranger Cup _____
All Requested Information Must Be Completed Both Front And Back. Phone Numbers And Email Addresses Are Imperative.			

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All Requested Information Must Be Completed Both Front And Back. Phone Numbers And Email Addresses Are Imperative.			

INSURANCE VERIFICATION SHOWING EFFECTWE DATE AND MINIMUM OF \$300,000 LIABILITY COVERAGE MUST BE ATTACHED FOR EACH BOATER.

Mail This Form, Along With **Your Team's Regional Entry Fee** Of \$_____ **Per Team** To Your Regional Director by the Deadline Established By Your Region:

Participants Must Complete the RELEASE On The Back Of This Form



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I hereby certify that I have read, and agree to abide by, the Official Rules for this Event. I acknowledge that the activities involved are potentially hazardous and I voluntarily assume all risk of injury or damage which I may sustain while participating in the Event. I further release and discharge the OHIO BASS FEDERATION, its officers, members, promoters, sponsors and/or hosts, from all liability for any such injury or damage, whether caused by the negligence of such persons and/or entities or otherwise.

Boater Team ___ _____

Date _____

No Boater Team ___ _____

Date _____

Boater Team ___ _____

Date _____

No Boater Team ___ _____

Date _____

Boater Team ___ _____

Date _____

No Boater Team ___ _____

Date _____

This form must be signed by each participant.

**Participants Must Complete the RELEASE On The
Back Of This Form**