

Hemophilia Foundation of Arkansas, Inc.
Bass Fishing Tournament Fundraiser Entry Form

Angler #1 or Individual

Boat registration number _____

 Last Name First Middle

Address

 Street City State Zip Code

Date of Birth _____ Male _____ Female _____

Email Address _____

Cell Phone Number _____ Alternate Phone Number _____

Entry Fee is \$60.00 per person

Optional Big Bass Entry \$10.00 Yes _____ No _____ Total enclosed \$ _____

I have read, understood, and agree to abide by the rules and regulations and release of liability.

Signature _____ Date signed _____

Angler #2

 Last Name First Middle

Address

 Street City State Zip Code

Date of Birth _____ Male _____ Female _____

Email Address _____

Cell Phone Number _____ Alternate Phone Number _____

Entry Fee is \$60.00 per person

Optional Big Bass Entry \$10.00 Yes _____ No _____ Total enclosed \$ _____

I have read, understood, and agree to abide by the rules and regulations and release of liability.

Signature _____ Date signed _____