

U.S. Angler's Choice
Pro-Am Series

2009

Release of Liability Statement

I have read and understand the rules by which this tournament will be governed. I hereby agree to abide by said rules. In consideration for the privilege of participation in this tournament I hereby release U.S. Angler's Choice Tournament Trails, Inc. and all tournament officials and sponsoring organizations from any and all claims of bodily injury and/or property damages that I may incur during this tournament regardless of fault. I understand that I may be subject to a polygraph examination and that US Anglers Choice Tournament Trails, Inc. reserves the right to refuse entry and services to anyone.

Pro _____ (Please Print)	Amateur _____ (Please Print)
Address _____	Address _____
City _____ ST _____ Zip _____	City _____ ST _____ Zip _____
Phone (_____) _____	Phone (_____) _____
Cell Phone _____	Cell Phone _____
E-mail _____	E-Mail _____

All tournament participants must sign below to validate their entry!

I have, to the best of my knowledge, truthfully completed this tournament entry application and paid the required fee for participation in this event in and of my own free will. By signing below I do hereby accept and agree to all terms stipulated on this entry form.

Pro Signature: _____ Date: _____

Amateur Signature: _____ Date: _____

For additional information log on to www.anglerschoice.com or call the office (800) 360-7112. A minimum **non-refundable** \$100 deposit per participant will secure entry into any single Pro-Am tournament. Deposits will be applied to a different event if the original one can't be attended and notification is received 15 days prior to each event.

Please check off which events this entry is for:

- Lake Oroville March 14th & 15th California Delta May 2nd & 3rd Clear Lake June 6th & 7th

Pro Entry	\$	400.00	Am Entry	\$	200.00
Membership \$45	\$	_____	Membership \$45	\$	_____
Option \$75	\$	_____	Option \$75	\$	_____
Option BF \$25	\$	_____	Option BF \$25	\$	_____
Total	\$	_____	Total	\$	_____

I am enclosing \$ _____ as a deposit or \$ _____ in full.

Credit Card # _____ Exp. Date _____ Sec Code _____