



COMPETITION REGISTRATION FORM

Check box to indicate winner

AGE GROUP
7-10 11-14

Contestant's Name _____

Address _____

(Need address for U.S. Mail)

City _____ State _____ Zip _____

Age _____ Birthdate _____
(Age As of Date Determined By State) Mo. / Day / Year Home Phone Number Area Code (____) _____

Parent/Guardian's Name _____ Email _____

SPONSORS:

BASS

Toyota

Berkley

Booyah

Mercury

OPTIMA
Batteries

Skeeter

Yamaha

SUPPORTING SPONSORS

Cabela's

Triton® Boats

Zebco

I represent that I am the legal parent or guardian of

(Child's name)

and hereby consent to the foregoing on his or her behalf.

(Parent or Guardian's Signature)

(Date)

Below This Line To Be Completed by B.A.S.S. Chapter Officials

OFFICIAL SCORE SHEET

Flipping _____ Pitching _____ Casting _____

(Scorer's Signature)

(Club President or Representative)

Chapter Name & No. _____

Location of Event _____

State B.A.S.S. Federation Nation _____

NOTE: For all entries to compete at all levels, the BASS Chapter must return all white copies to BASS, Headquarters. Failure to do so could jeopardize your Chapter's entries.

Total: _____

(Final Score: add only the highest flipping, pitching and casting score.)

Castoff

(Date)



BASS club must return white copy to:
BASS HEADQUARTERS
P.O. Box 10000, Lake Buena Vista, FL 32830
Phone (407) 566-2277 • Fax (407) 566-2510

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