



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

Parent/Guardian's Name _____ Email _____

Qualification Rule:

I understand my child may compete and qualify in any state local event, but may compete in only **ONE** State Championship.

My child has /has not competed in any other CastingKids State Championship this season.

Parent/Guardian Signature _____

I hereby irrevocably consent to and authorize the promoters of Bassmaster CastingKids® and its sponsors the use and reproduction of my name and all photographs and video which have been taken of me for promotional purposes, without further compensation to me. The photographs and video shall become the sole property of Bassmaster CastingKids®.

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) Total: _____

(Club President or Representative)

Chapter Name & No. _____ Castoff _____

Location of Event _____ (Date) _____

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.



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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