



Tournament Trail – “GUEST” Entry Form 2020

Entry Fees – April, May & June

_____ B Division \$20.00 _____ Non Boater only

Entry Fees – August & October

_____ B Division \$25.00 _____ Non Boater only

All Tournaments run 7:00 AM – 3:00 PM

_____ April 26 (Sun)	Lake Zoar	State Ramp	Postmarked by: April 13
_____ May 17 (Sun)	Lake Lillinonah	Steel Bridge	Postmarked by: May 4
_____ June 7 (Sun)	Congamond Lake	Public Ramp	Postmarked by: May 26
_____ August 23 (Sun)	CT River	Haddam	Postmarked by: August 10 (Higher Entry)
_____ October 18 (Sun)	Candlewood Lake	Squantz Pond	Postmarked by: October 5 (Higher Entry)

Angler: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

E-Mail Address: _____

How did you hear about the TBF of CT? (check all that apply)

_____ Website _____
_____ Fishing Show/Expo _____

_____ Email _____
_____ Other _____

In consideration of being accepted in this tournament, the undersigned, agrees to comply with all event rules and State regulations. The participant(s) expressly assumes all risks associated with the event(s) and thereby releases & discharges The Bass Federation Inc., (TBF) it's parent, and affiliate companies, it's licensees and affiliates, including their state federations, and clubs, and all their respective officers, directors, agents, employees and stockholders, the tournament hosts, sponsors and tournament officials from all claims of death, injury and/or property damage incurred in conjunction with this/their event. I agree my picture and likeness can be used on the TBF website and in promotions for TBF of CT. All boaters must have current boat registration & a minimum of \$300,000 liability insurance coverage. I have read and understand the TBF of CT tournament rules. I agree to abide by these rules during the tournament. I am a member in good standing with National TBF, FLW and TBF of CT. I understand the application must be postmarked as stated above. ALL TOURNAMENT ENTRIES MUST BE ON SEPARATE FORMS - EVEN IF YOU ARE ENTERING ALL FOUR TOURNAMENTS. (Four Entries - Four Applications) FILL OUT ENTRY FORM COMPLETELY... NO EXCEPTIONS.... OR THEY WILL BE RETURNED

Angler's signature: _____

Mail to: Keith Cleary
18 Apollo Rd
Bethel, CT 06801

Cell: 914-419-0218
Email: keithpcleary@aol.com
Make checks out to "TBF OF CT"

Check # _____ Pre-paired with: _____