

ANNUAL ROSSFORD WALLEYE ROUNDUP TOURNAMENT REGISTRATION

Tournament Dates: Friday-Saturday, April 2-3, 2021

Angler #1 Name _____

Address _____

City _____ State _____ ZIP _____

Phone _____

Email address _____

*Tournament Winnings may be subject to IRS Tax documentation. SSN will be required if applicable

Signature Angler #1 _____ Date _____

Angler #2 Name _____

Address _____

City _____ State _____ Zip _____

Phone _____

Email Address _____

*Tournament Winnings may be subject to IRS Tax documentation. SSN will be required if applicable

Signature Angler #2 _____ Date _____

Boat Brand _____ Engine Brand _____ Electronics Brand _____

VHF Radio Y / N ODNR Watercraft Safety Requirements Compliant Y / N

Watercraft Insurance Co. _____

Policy Number _____ Expiration Date _____

\$500.00 Entry Fee/ Per Team

Payment Type: ___ Check ___ PayPal ___ Visa ___ MC ___ Discover

Signing of this document states that both partners agree to the tournament rules/ terms and conditions for this event.