SPORTSMAN’S ASSOCIATION OF BASS ANGLERS

MEGA BUCKS REGISTRATION FORM

MAY, 23/24, 2020

Lake Ferguson, Greenville MS

Fee Deadline: All entries must be post mark by no later than midnight May 8, 2020 Checks/Money Orders/ Cashiers Check Only, made checks payable to Sportsman’s Association Of Bass Anglers

Mail to: Gene Washington 5690 Vandiver Rd. Atlanta, GA 30331 Attn: S.A.B.B.A.

Member Designation:

S.A.B.A. \_\_\_\_\_\_\_ Quad State \_\_\_\_\_\_ F4R Outdoors \_\_\_\_\_\_

Border Trail \_\_\_\_\_\_(FWJA) Affiliation\_\_\_\_\_\_ Eligible Club Member Affiliation \_\_\_\_\_\_

Boat Name: ­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Partner Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_ Zip \_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

By signing this form, I confirm I have read and understand all tournament rules an eligibility requirements to participate in this event. I hereby wave and release S.A.B.A., all affiliated sponsors, hosts, officials, and other contestants participating in this event and activities from all claims of liability, resulting from personal injury, damage, lost, or stolen property while participating in this event and activities. By my signing this form I agree that in the event of my involvement in a rules violation, I will abide by all rulings involving disqualification or sanctions as imposed by S.A.B.A. I confirm that I am not a full time pro angler and or fishing guide.

Boater Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Partner Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_

Note: Proof of valid boat insurance MUST be submitted with this application. S.A.B.A. reserves the right to refuse or reject applications by promptly returning an applicant’s entry fee.