



TEAM TOURNAMENT ENTRY FORM

Team Member #1

First Name: _____

Last Name: _____

SSN#: _____

Address: _____

City, State Zip: _____

Cell Phone: _____

Home Phone: _____

Team Member #2

First Name: _____

Last Name: _____

SSN#: _____

Address: _____

City, State Zip: _____

Cell Phone: _____

Home Phone: _____

Boat Owners Information

First Name: _____

Last Name: _____

Boat Registration Numbers: _____

State Registered: _____

Insurance: _____

Please circle only one of the following if it applies:

Firefighter Active

EMS Active

Police Officer Active

Military Active or Veteran

Mail this form along with the rules form to:

South Shore Bass Open LLC
P.O. Box 426
Valparaiso, IN 46384