



## 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: \_\_\_\_\_

If a participating angler is under the age of 21 prior to August 2nd, 2024 please provide the name of that participating angler: \_\_\_\_\_  
*The Horseshoe Casino requires notification of persons entering their facility that are under the age of 21. Thank you for your cooperation.*

## 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