

## $She bandow an \ Small mouth \ Showdown-2008$

## Entry Form – Saturday, July 12, 2008

<u>Please Print</u> Cantain's Name:		PRIZE ELIGIBILITY
Captam 3 Name Mailing Address:		Please check box below
	Province:	if applicable. Your
Postal Code:	Phone:	Team consists of:
		Youth Angler(s) (16 & UNDER)
Partner's Name:		(10 & ONDER)
Mailing Address:		
	Province:	
Postal Code:	Phone:	
Waiver of Claim Release and Indemn Smallmouth Showdown, it's promote affiliated organization, agencies and/o or injuries suffered by me as a result of condition to participate in this event a	or \$175.00 payable to: Shebandowan Smallmouth infication agreement in consideration of the acceptance of my ers, employees, sponsors, organizers, host, directors, officers, or agents and assignees and any other person assisting in this of my participation in or traveling to or from the event. I here and am aware that participation could, in some circumstances,	entry in the Shebandowan and all other organizers and event from any claims for damages by state that I am in proper physical , result in physical injury. I further
	allmouth Showdown et. al. (mentioned above), from any clainattendance by me in this event. If under the age of eighteen, this gned by a Parent or Legal Guardian.	
	, I hereby submit my entry form for the registration and encloren. By signing this form I agree with the rules and agree to about	
Captain's Signature:	Date Signed:	
Partner's Signature:	Date Signed:	·
\$175 (cheque or money of	rders only) payable to: Shebandowan Sma	allmouth Showdown,

Shebandowan Smallmouth Showdown P.O. Box 21138 Thunder Bay, Ontario P7A 3S0