



KIDS FISHING CLASSIC

Parent's Information

Parent's Name: _____

Parent's Phone #: _____

Parent's Email: _____

Anglers Information

Name: _____

Address: _____

City, State, Zip: _____

Gender Male Female

Age 6 & Under 7-10 11-16

Division

- | | |
|----------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Offshore | <input type="checkbox"/> Kid Pro Division |
| <input type="checkbox"/> Inshore | <input type="checkbox"/> Drift Boat |
| <input type="checkbox"/> From Shore | <input type="checkbox"/> Freshwater |
| <input type="checkbox"/> Special Needs | |

Payment Type: Cash Check Credit Card

Payable to: Captain Bob Lewis Billfish Challenge

By signing this form you agree to the rules and regulations of this fishing tournament!

Parent Signature

Date