



Youth State Championship

Angler 1 First Name Last Name (Print)	Age	Angler 2 First Name Last Name (print)	Age
Adult Advisor (Print Name)	Adult Advisor Contact #		
Emergency Contact: Name & Contact # for Angler 1 (Print)	Emergency Contact: Name and # for Angler 2 (Print)		
Club ID Number	Adult Boat Captain name and telephone number		
\$100,000.00 Boat insurance Yes or No	Tournament Location and date Conowingo 9/10/17		

The undersigned acknowledge that there is a significant risk of injury from the activities involved with the PA Bass Nation State Tournament including the potential for permanent injury and death. I further agree to waive the tournament officials, Pa. Bass Nation, sponsors and any other person affiliated with the tournament from any liability resulting in careless, hazardous or negligent operation or use of equipment by competitors. The undersigned also gives their child permission to participate in the tournament. I also understand that signature on this application permits the use of any photos for publication I understand that my signature verifies that the information entered on this application is accurate and correct.

Parent 1 Signature	Date	Parent 2 Signature	Date
Angler 1 Signature	Date	Angler 2 Signature	Date

\$20.00 Entry fee: Mail Application and payment to:

Check Number _____

Check can be made out to Pa. Bass Nation

426 S. 25th St

Harrisburg PA. 17104

Please submit a copy of the current boat insurance with application