



2024 Tournament Application

PLEASE PRINT CLEARLY

Send payment and application to:

STATE TOURNAMENT APPLICATION

Mike Jones
6358 Darlington Drive
Harrisburg, PA 17112

QUESTIONS ON STATE EVENTS?

Mike Jones
717-574-9794
mjonesrepublic@gmail.com
statetd@pabassnation.com

Entry Fee:

Owner - \$150
Co-Angler - \$100

Pease check event:

- October 12 – Raystown Lake (Rescheduled from April 6)
- May 4 – Upper Chesapeake Bay
- June 8 – Lake Erie
- June 29 – Cayuga Lake

TOURNAMENT PROCEDURES FOR APPLYING

Check or money orders only payable to: *PA BASS NATION*

There will be a two-week cut off for all applications.

For the STATE events, there will be a 50% refund for any cancelled applications prior to the two-week cut off, any cancelled application after the two-week cut off will receive no refund.

Failure to completely fill all entries on this application may result in rejection of the application.

- OWNER (must complete boat info section)
- CO-ANGLER (skip boat info section)

Tournament Site _____ Tourn. Date _____

Angler's Name _____

Club Name _____ Club No. _____

Home Address _____

Email Address _____

Home Phone _____ Cell Phone _____
(helpful at tournament site)

BOAT INFORMATION (to be completed by owner)

Make of boat _____ PA Reg. # _____

Horsepower _____ HP Rating _____

- Yes No If co-angler, can you bring a boat if necessary?
- Yes No Will you have a boat on-site even if you are not using it in the tournament?
- Yes No Do you carry the minimum \$300,000 liability insurance on your boat?
- Yes No Are you a member in good standing of the PA B.A.S.S. Nation?
- Yes No Are you a member in good standing with National Bass?

ACKNOWLEDGEMENT

I have read, understand and agree to abide by all PA B.A.S.S. Nation rules and state laws governing this tournament. I further agree to abide by any on-site ground rules deemed necessary by the tournament director. I further agree to waive the tournament officials from any liability resulting in careless, hazardous or negligent operation or use of equipment by competitors. I also understand that my 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.

Angler Signature _____ Date _____

Guarantee Partner _____

Emergency Contact and Phone # _____

Amount Paid \$ _____ Paid by: Check Money Order