

ENTRY FORM

All Information Must Be Complete. Please Print.

Mark Gerretson Memorial Charitable Fund, Inc. 501(c)3 - August 11, 2018

Boat Name: _____

Type/Length: _____ Reg. #: _____

\$200.00 per boat (up to 4 anglers) by August 1st.

\$225.00 on or after August 1st. Additional Anglers \$50.00 per person.

Final Entry Registration: August 9th.

Angler(s): (Please give complete information for future Tournament records.)

		Lady Angler	Jr. Angler
1.	First Name _____ Last Name _____		
	email _____		
2.	First Name _____ Last Name _____		
	email _____		
3.	First Name _____ Last Name _____		
	email _____		
4.	First Name _____ Last Name _____		
	email _____		
5.	First Name _____ Last Name _____		
	email _____		
6.	First Name _____ Last Name _____		
	email _____		

Number of Extra Anglers _____

As Captain/Owner of the above boat, I hereby release any and all MGMFT and Committee, tournament sponsors and volunteers from any liability whatsoever. **And I grant permission for photo release.**

Name: _____ Phone: _____

Address: _____

Signature: _____ Date: _____

email: _____

Mail To: MGMFT, 455 NE 5th Ave., Suite: D-170, Delray Beach, FL 33483
Make Checks Payable To: **Mark Gerretson Memorial Charitable Fund, Inc.**
tournament_committee@mgmft.net