



Season Starter Bowfishing Tournament

REGISTRATION FORM

Team Info.

1st Team member _____

City: _____ State: _____

Cell Phone: _____

WBA MEMBER: Email: _____

2nd Team member _____

City: _____ State: _____

Cell Phone: _____

WBA MEMBER: Email: _____

3rd Team member _____

City: _____ State: _____

Cell Phone: _____

WBA MEMBER: Email: _____

4th Team member _____

City: _____ State: _____

Cell Phone: _____

WBA MEMBER: Email: _____

Registration fees:

Daytime Shoot:

of WBA Members _____ x \$25 =

of Non-Members _____ x \$30 =

Nighttime Shoot:

of Shooters _____ x \$10 =

TOTAL =

Waiver/Release:

I have read and understand the tournament rules and hereby release and waive all parties and sponsors pertaining to the Washington Bowfishing Association and AMS Season Starter Bowfishing Tournament with respect to injury, disability, death, loss or damage to person or property whether arising from negligence of those released or otherwise.

1st Team Member's Signature: _____

Date: _____

2nd Team Member's Signature: _____

Date: _____

3rd Team Member's Signature: _____

Date: _____

4th Team Member's Signature: _____

Date: _____

Official Use:

- Paid
- Registration Card
- Membership Card

NOTES: