



## AbuGarcia Legacy Series Division/Championship ENTRY FORM

Membership Per Angler (+ \$2.50 processing fee)	Entry Fee Per Team Division Entry Fee \$80 Championship Fee \$100	Bonus Bucks Per Team (Optional)
Individual \$40 <input type="checkbox"/>	\$80/\$100 <input type="checkbox"/>	\$25 <input type="checkbox"/>
Family \$60 <input type="checkbox"/>	\$25 Late Fee	<b>Total \$</b> _____

Individual Membership is valid for one person and good for all Series.  
Family membership is good for all series for the family in the household.  
\*Legacy Junior Anglers are not required to pay a membership fee.

Number of Guests Attending Banquet: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Membership ID # \_\_\_\_\_ Jacket/Shirt Size: \_\_\_\_\_

Name (Partner 1) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check if you: Facebook ☐ Text ☐

Membership ID # \_\_\_\_\_ Jacket/Shirt Size: \_\_\_\_\_

Name (Partner 2) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Cell # \_\_\_\_\_ E-Mail \_\_\_\_\_

Please check if you: Facebook ☐ Text ☐

FOM TEAM ID # \_\_\_\_\_

TOURNAMENT LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

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TOURNAMENT LOCATION \_\_\_\_\_ DATE \_\_\_\_\_

We, the undersigned, agree to release, indemnify and hold harmless Fishers of Men Ministry Inc., its officers, sponsors, or anyone working with the trail for any damages, injuries, or death that occur as a result of our participation in this event, whether arising from negligence of said releases or otherwise to the fullest extent of the law, we also give permission for our quotes, pictures, or videos bearing our likeness to be used in promotional activities without compensation, and acknowledge that we have read and understand the tournament rules. This agreement is valid for full regular and post season events.

PARTNER 1 \_\_\_\_\_

PARTNER 2 \_\_\_\_\_

GUARDIAN (IF REQUIRED) \_\_\_\_\_