



## Tournament Entry Form

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Tournament Location \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Phone # \_\_\_\_\_ EMAIL \_\_\_\_\_

Address \_\_\_\_\_

Partner's Name \_\_\_\_\_ Phone # \_\_\_\_\_ EMAIL \_\_\_\_\_

Address \_\_\_\_\_

Third person Name \_\_\_\_\_

Address \_\_\_\_\_

Standard Entry \$125 \_\_\_ St. Joseph Entry \$150 \_\_\_ Calamus Entry \$250 \_\_\_

Total Paid \_\_\_\_\_

\*\*\*\* I agree to adhere to all tournament rules set in place during tournament hours. I agree to release the organization and or the organizing personnel from any responsibility for damage or injury of my person or property resulting from participation in this event. I also agree to release the organization and or organizing personnel from any responsibility for such damage or injury claims from my family members as well as any person or persons claiming to represent such family or myself.

\*\*\*\* I agree to the administering of a polygraph tests if requested prior to prize payment. Failure of such test will result in forfeiture of all prizes.

\*\*\*\* I agree to complete an IRS form I-9 in the event of prize money being paid.

Participant Signature \_\_\_\_\_

Partner's Signature \_\_\_\_\_

Third Party Signature \_\_\_\_\_

