

Freshwater Adventure



Fishing Tournament

\$1,000 Guaranteed 1st Place!

When:..... Friday, March 9, 2012
Where:..... Red's Fish Camp, "West Lake Toho",
 4715 Kissimmee Park Rd, St. Cloud, FL 34772
Registration:..... 5:30 – 7:15 a.m.
Boats out:..... First safe light, approximately 7:30 a.m.
Boats In:..... 3:00 p.m.
Weigh-in:..... 3:00 – 4:00 p.m.
Lunch/dinner begins:..... 3:00 p.m.
Awards:..... After weigh-in is complete

First In, First Out!
No Boat?
 For the cost of the entry fee, ABC will partner you with a member with a boat!
Fishermen needing a boat & guide - Sign up early (by Feb. 1st) to ensure guides are available!

Download the official tournament rules at http://www.abccentralflorida.com/flyers/Fishing_Tournament_Rules_2012.doc

Team Information	Boater	Partner
Name		
No Boat? Check here: <input type="checkbox"/> I need a boat and driver.		
Address		
City/State/ZIP		
Company		
Phone		
E-mail Address		
Boat Description - FL#		
Signature*	X	X

*My Signature above releases any host, sponsors and any individuals connected with this tournament from any and all liability, which may result from my participation in or at this tournament. I hereby waive my right to any and all lawsuits, which may arise in connection with this tournament. I have received, read and understand all the rules of this tournament.

	Quantity	Fee	Total	Extra Guest Names for Lunch: (\$15 ea.)
Boat Entry Fee (Only 2 people per boat) Includes lunch for both boater and partner	1	\$125.00 per boat	\$125.00	_____
Big Bass Entry Fee		\$40.00 per boat		_____
Not Fishing - Guest For Lunch** Not fishing, just joining us for lunch, please list below		\$15.00 per person		_____
Sponsorship See sponsorship page				_____
Total				

Disclaimer: Must have 25 boats/entries to have tournament. **Note:** to purchase license online go to www.myfwc.com

PAYMENT OPTIONS-Please select one:

Check enclosed Sending check (check must be received by ABC CFL prior to event or billing fee of \$10 will be charged.)
 Bill me PO # _____ (\$10 charge - ABC CFL members only) Credit Card: Visa MC AMEX
 Person's Name on Card _____
 Card # _____ Exp. Date: _____
 Card Code: _____ (AMEX: 4 digits on front of card or VISA/MC: 3 digits on back of card on signature line)
 Statement Address _____ Statement Zip Code _____
 Signature: _____ Date: _____

Phone (407) 628-2070
Fax (407) 629-0144
Visit our website:
www.abccentralflorida.com

PLEASE MAKE ALL CHECKS PAYABLE AND RETURN TO:

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