

**Disabilities Recreation Project Presents**

# FRED ROBERTS MEMORIAL FISHING TOURNAMENT

SPONSORED BY **THE WHARF**

**KIDS 17 & UNDER FREE!!**

Name: \_\_\_\_\_

**A**  
Adult  
Division

**S/D**  
Senior/ Disability  
Division

**K**  
Kids  
Division

Address: \_\_\_\_\_

Check-In Time:

Weight

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Length

**CONTESTANT ENTRY NUMBER:**

(PLEASE USE THE LAST 4 DIGITS OF YOUR SS#)

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**ENTRY FEE \$15<sup>00</sup> ADULTS**

**FREE KIDS 17 & UNDER**

Personal Check (Check # \_\_\_\_\_)

Money Order     Cash

Note: Please allow 2 weeks for personal checks to clear.

If you wish to mail your Personal Check or Money Order, along with the top portion of this form and send it to:

**Disabilities Recreation Project Inc.**

PO Box 5141

Central Point, OR 97502

**Phone: (541) 601-7804**

Fax: (541) 488-7485

[www.drpin.org](http://www.drpin.org)



**TOURNAMENT WEIGH-IN: 8AM TO 1PM - MUST BE IN LINE BY 1PM**

I acknowledge that I have received and reviewed a copy of the forgoing rules to abide and be bound by the terms and condition of these rules.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

CUT ALONG DOTTED LINE & KEEP BOTTOM PORTION

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**WHEN: MAY 16, 2015**

**TIME: 7AM TO 1PM**

**WHERE: JACKSON COUNTY  
EXPO PONDS**

**ENTRY  
NUMBER:**

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Name: \_\_\_\_\_

(Please Print Clearly)

**This Receipt and proper ID must  
be presented at check & Weigh-in**