

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 \$15⁰⁰ 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



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 ///