

WORLD CHAMPIONSHIP MUSKY CLASSIC

Boulder Junction, Manitowish Waters, Presque Isle, Winchester

OFFICIAL REGISTRATION FORM

RETURN TO: WCMC, PO Box 42, Manitowish Waters, WI 54545

(PLEASE PRINT CLEARLY)

Name _____

Address _____

City _____

State _____ Zip _____

Phone _____

CLASSIC FISHED _77_ _78_ _79_ _80_ _81_ _82_ _83_ _84_ _85_ _86_ _87_

88 _89_ _90_ _91_ _92_ _93_ _94_ _95_ _96_ _97_ _98_ _99_ _00_ _01_

02 _03_ _04_ _05_ _06_ _07_ _08_ _09_ _10_

FISHING PARTNERS

TOWNSHIP TO FISH

Boulder Junction ___ N. & S. Trout, Escanaba, Big, Boulder, High & Fishtrap
Manitowish Waters ___ All of the Manitowish Chain above the Rest Lake Dam
Presque Isle ___ Crab, Presque Isle, VanVliet, Averill, Oxbow, Horsehead
Winchester ___ N. & S. Turtle, Rock, Harris, Birch, Papoose

DIVISION

OPEN _____ SPORTSMEN _____

Open division contestants are able to fish all four townships and can have a guide in their boat.

Sportsmen are fishing in just one township as per their registration.

All fishermen in a boat must be registered contestants. No non-registered fishermen are allowed in a boat during tournament hours.

TEAM NAME _____

A team consists of 2 to 10 fishermen registered with the same team name.

CLUB NAME _____

A club consists of 11 or more registered fishermen registered with the same club name.

ENTRY FEE IS \$30 PER CONTESTANT, \$40 AT THE DOOR.

Make checks payable to: **WCMC**

LIABILITY WAIVER MUST BE COMPLETED ALONG WITH REGISTRATION

I _____ (please print name)
am voluntarily participating in the 2011 World Championship Musky Classic scheduled for September 9, 10 & 11, 2011.

I am aware that my participation in this tournament creates the risk of personal injury. My participation could also cause loss or damage to personal property.

I expressly agree to assume all risks of personal injury/loss to personal property or other tournament participants.

I hereby release and discharge the tournament sponsors/ donors to the World Championship Musky Classic, and the World Championship Musky Classic Corporation, their officers, agents and all volunteer workers from any injuries, damages or loss sustained, caused by negligence.

I have read the release of liability participation agreement and understand all terms and conditions.

Signed _____ Date _____

EACH REGISTRANT MUST SIGN THIS FORM

(Or Legal Guardian if Registrant is a Minor)

If you have any questions, please call

Beth Meyer at 715-499-3245 or

President Beth Kebl at 715-543-2657

One registration form per person

Forms can be duplicated.

Raffle Tickets

_____ @ \$1 = \$ _____

Reg. @\$30
(\$40 at Door) = \$ _____

Scholarship
Donation: = \$ _____

Total \$ _____