

14th annual Gafftop Tournament

Saturday, April 25, 2009

Port Aransas, Texas

TEAM NAME: _____

CAPTAIN

PARTNER #2

Name: _____ Name: _____

Address: _____ Address: _____

City, Zip: _____ City, Zip: _____

Phone: _____ Phone: _____

CCA Member #: _____ CCA Member #: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

PARTNER #3

PARTNER #4

Name: _____ Name: _____

Address: _____ Address: _____

City, Zip: _____ City, Zip: _____

Phone: _____ Phone: _____

CCA Member #: _____ CCA Member #: _____

Signature: _____ Signature: _____

Date: _____ Date: _____

Guided or Unguided Team (circle one)

NOTE: Each fishing participant must hold a valid Texas Fishing License with a Saltwater Stamp and have a membership to the Coastal Conservation Association.

This entry will be considered incomplete unless signed above by each team member. In signing this entry, I hereby waive and release all other contestants, hosts, sponsors and tournament officials from all claims of injury and/or damage incurred in connection with this tournament. I have become familiar with and agree to abide by the tournament rules, and swear that the above facts are true to the best of my knowledge and enclose herewith my entry fee.