

KANSAS B.A.S.S. FEDERATION NATION

2011 K.B.F.N. STATE QUALIFIER” ENTRY FORM

SEPTEMBER 16,17,&18,2011

TOURNAMENT LOCATION: Milford

\$170.00 ENTRY FEE. (Optional \$10.00 “Big Bass” Side Pot Per day)

NOTE: Tournament Headquarters, Registration & Pre-Tournament Meeting, Launch Site information and any other specific information will be posted on the K.B.F.N. website at: www.kbcfn.com

Name:

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

HOME PHONE #: _____ **CELL PHONE #:** _____

E-MAIL ADDRESS: _____

B.A.S.S. MEMBERSHIP NUMBER: _____ **EXPIRATION:** _____

AFFILIATED BASS CLUB: _____

_____ **Guaranteed Boater Entry;** _____ **Non-Boater Entry;** _____ **Non-Guaranteed Boater Entry**
(If you are entering as a Guaranteed Boater, you must provide the name of your Non-Boater)

Name of Non-Boater (if applicable): _____

TEAM MEMBER(S): *Having acquainted myself with the rules, I have completed this application. In signing this application, I hereby agree to be bound by and comply with all tournament rules and regulations. I expressly assume all risks associated with the tournament and I hereby release the K.B.F.N. and B.A.S.S. LLC., its parent, affiliated and subsidiary companies, the host, sponsors and tournament officials from claims of death, injury and/or property damage incurred by me in connection with my participation in this tournament. As a Boater, I certify that I have liability insurance of at least \$300,000.00. The insurance must be issued by a reputable insurer and must cover the K.B.F.N and B.A.S.S. LLC., its parent, affiliated and subsidiary companies, its licensees, their advertising agencies and all of their respective officers, directors, agents, employees and stock holders. At the request of the K.B.F.N. and/or B.A.S.S., I will provide satisfactory proof of liability insurance.*

Enclosing is the required entry fee, payable to the Kansas BASS Federation Nation. I further understand and agree that the Tournament Director reserves the right to reject this application for any reason.

Signature: _____ **Date:** _____

Mail completed entry form to: JEFF NOLTE
10423 W. 52nd Circle
Shawnee, KS 66203

Contact Phone #: 913-314-3832

Visit our website at: www.kbcfn.com