



# 2018 TEAM ENTRY FORM

## Angler #1

Name \_\_\_\_\_ MI \_\_\_\_\_ Last \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Angler #2

Name \_\_\_\_\_ Mi \_\_\_\_\_ Last \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

## Angler #3

Name \_\_\_\_\_ Mi \_\_\_\_\_ Last \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

**The Entry Fee for SDWC Tournament is \$300.00 per Team upon Registration.**

I signify by my signature below that I have read and understand the 2018 SDWC Rules. Release of Liability and the Photo & Video release - **All Anglers must sign.**

Signature \_\_\_\_\_  
Signature \_\_\_\_\_  
Signature \_\_\_\_\_

Mailing Address: South Dakota Walleye Classic, PO Box 202, Akaska, SD 57420. Email [craig.m@trusspros.com](mailto:craig.m@trusspros.com) for more information or Web: [sdwalleyeclassic.com](http://sdwalleyeclassic.com)

