

Age Group (circle):

7-11 12-15



Check Box to indicate Winner

TBF Casting Skills Competition Registration Form

Contestant's Name _____

Address _____

City _____ State _____ Zip _____

Age _____ *Birth Date _____ Home Phone # (____) _____

Parent/Guardian's Name _____

**I hereby waive my rights of privacy or publicity with regard to the unconditional right to use my name, voice, photographic likeness, video and biographical information and fishing tips and instructions in connection with any reproduction of same, video/audio productions and/or articles and press releases by TBF, its parent or affiliate companies, and those acting under their permission, anywhere at any time, through any medium or media. I shall not be entitled to receive any royalties or other compensation in connection with such use.*

I certify that I am the legal Parent or Guardian of

(Childs Name) _____

And hereby consent to his/her participation.

(Parent/Guardian's Signature) _____

(Date) _____

Event 1st Attempt 2nd Attempt 3rd Attempt 4th Attempt Best Score

Event	1st Attempt	2nd Attempt	3rd Attempt	4th Attempt	Best Score
Flipping					
Pitching					
Casting (Overhand/sidearm)					

Final Score (Add Best Score Box) _____

Scorer's Signature _____ Date _____

Club President/Representative _____

Region/Chapter Name _____

* Age as of August 31 of the Event Year