



# S.H.A.R.E. King Mackerel TOURNAMENT

JULY 17<sup>TH</sup> – 19<sup>TH</sup>, 2015 • ENTRY FORM

Name (Person the check will be made to) PLEASE PRINT CLEARLY

Address

City

State

Zip

E-Mail

Phone #

Social Security # (required)

Boat Name

Boat Length (required)

ft.

Will you have a Senior Angler(s) on board? (Must be 65 or older)  Yes  No

Name (s)

Will you have a Lady Angler(s) on board? (Must be 17 or older)  Yes  No

Name (s)

Will you have a Junior Angler(s) on board? (Must be 16 or younger)  Yes  No

Name (s)

### ENTRY FEES

Early Entry Fee (by 6/25/2015).....\$275 <input type="checkbox"/>	Daily Big Fish TWT.....\$100 <input type="checkbox"/>
Entry Fee (after 6/25/2015).....\$325 <input type="checkbox"/>	Dolphin TWT.....\$100 <input type="checkbox"/>
Overall TWT.....\$100 <input type="checkbox"/>	Cobia TWT.....\$100 <input type="checkbox"/>
23' and Under TWT.....\$100 <input type="checkbox"/>	Amberjack TWT.....\$100 <input type="checkbox"/>
High Rollers TWT.....\$250 <input type="checkbox"/>	AMOUNT PAID.....\$ _____

**1ST PLACE \$10,000**  
Guaranteed On One Entry

### WAIVER CONTRACT

By signing this registration form I understand that I as registrant/captain/boat owner, am responsible for my boat and its occupants at all times. I have read and fully understand and agree to abide by all rules of the 2015 S.H.A.R.E. King Mackerel Tournament. I hereby release the S.H.A.R.E. King Mackerel Tournament, its sponsors, their principles, their subsidiaries, and their affiliates from any and all liability. I further understand that the decision to fish and participate is the responsibility of the registrant/captain/boat owner.

Signature

Date



Make checks payable to S.H.A.R.E. Foundation • P.O. Box 35 • Hampstead, NC 28443 • (Phone) 910.431.6418 • (Fax) 888.473.4380  
a 501 c(3) non-profit organization