



2020 Police Week

Bass Fishing Tournament

Registration Form

BOATER INFORMATION

Name: _____ Cell Phone #: _____

Address: _____

Agency/Agency Phone #: _____

Email Address: _____

Emergency Contact Name/Phone #: _____

CO-ANGLER INFORMATION

Name: _____ Cell Phone #: _____

Address: _____

Agency/Agency Phone #: _____

Email Address: _____

Emergency Contact Name/Phone #: _____

BOAT INFORMATION

Make: _____ Model: _____

GA Registration #: _____ Color: _____

Motor Size: _____ Length: _____

----- FOR OFFICIAL USE ONLY -----

Boat #: _____ Check-in Time: _____

Late Penalty: _____ Total # of Fish: _____

of Dead Fish: _____ Weight Penalty: _____

TOTAL GROSS WEIGHT: _____ **BIG FISH:** _____

*****TOTAL NET WEIGHT***:** _____