

3. Angler Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-Mail: _____

Male Angler Female Angler Junior Angler Age _____

** Signature: _____

4. Angler Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-Mail: _____

Male Angler Female Angler Junior Angler Age _____

** Signature: _____

5. Angler Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-Mail: _____

Male Angler Female Angler Junior Angler Age _____

** Signature: _____

PLEASE MAKE CHECKS PAYABLE TO:

**Brooke H. Thabit Trust
541 NE 17th Street
Boca Raton, FL 33432**

** By signing this document, I have read and acknowledged the official Bulls For Brooke Fishing Tournament packet. I will obey all rules and understand that any violation of these rules will result in the immediate disqualification without a refund of the entry fee.

6. Angler Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-Mail: _____

Male Angler Female Angler Junior Angler Age _____

** Signature: _____

7. Angler Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-Mail: _____

Male Angler Female Angler Junior Angler Age _____

** Signature: _____

8. Angler Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell: _____ E-Mail: _____

Male Angler Female Angler Junior Angler Age _____

** Signature: _____

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