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**27th Annual WALLEYE TOURNAMENT**

MAY 18-20, 2018

Last Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street/Box#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**$30/Person.** Your registration includes:

* Friday Morning Welcome Reception
* Weekend Tournament Participation
* Commemorative Tournament Ball Cap
* Sunday Fish Fry Lunch
* Free Entry in Raffle Prize Giveaways (on Sunday, must be present to win)

Please fill out one registration form per tournament participant. Your checks can be made payable to the Presque Isle Chamber of Commerce. Amount $30.

**Release:**

In consideration of my acceptance of this tournament entry, I for myself and those assigned under my signature, my heirs, executors, administrators and assigns, release and discharge any and all rights, demands, claims for damages and causes of suit or action known or unknown, that I may have against the Presque Isle Chamber of Commerce and its officers and employees, the Town of Presque Isle, the County of Vilas and the State of Wisconsin, and any and all participating tournament sponsors and the directors, officers, employees, and agents of such parties, for any and all injuries in any manner arising or resulting from my participation in said tournament. I attest and verify that I have full knowledge of the risks involved in the tournament, that I assume those risks, and that I will assume and pay my own medical and emergency expenses in the event of an accident, illness or other incapacity, regardless of whether I have authorized such expenses.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_

**Mail Form and Payment to:**

**Presque Isle Chamber of Commerce**

**PO Box 135 - Presque Isle, WI 54557**