

**The Twenty Third Annual WCH Bass Tournament  
Benefiting Wolfson Children's Hospital  
Saturday, May 19, 2012  
\$90 entry fee plus \$10 big bass (optional) per boat**

**Boater: (Please Print)**

**Partner: (Please Print)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Check#: \_\_\_\_\_ Amount: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Bass Club: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone#: \_\_\_\_\_  
Check#: \_\_\_\_\_ Amount: \_\_\_\_\_  
Sponsor: \_\_\_\_\_  
Bass Club: \_\_\_\_\_

*In signing this entry form, I/We hereby agree and acknowledge that, I/We claim any prize payable by the Bass Tournament. I/We are subject to a requirement to submit to and pass a polygraph test. I/We understand that prize claimants shall be selected randomly for polygraph testing in the sole discretion of the tournament director. I/We further understand and agree that my/our failure to pass such polygraph test shall cause my/our disqualification from eligibility to receive any prize payable by the Bass Tournament.*

*In signing this entry form I/We waive and release all contestants, organizations, sponsors, host and tournament officials from any and all claims of injury, theft or damage resulting from the Bass Tournament. Please note that we will have camera crews filming this event, so any person involved in this event is subject to be filmed and used for publicity of this tournament.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am unable to fish, but would like to make a donation: \$10 \$20 \$30 \$40 \$50 Other  
Make checks payable to WCH Bass Tournament  
Phone: (904) 360-4531 for confirmation, or include  
Self addressed stamped envelope for boat number.

**Mail to:** WCH Bass Tournament  
P. O. Box 5964  
Jacksonville, FL 32247-5964